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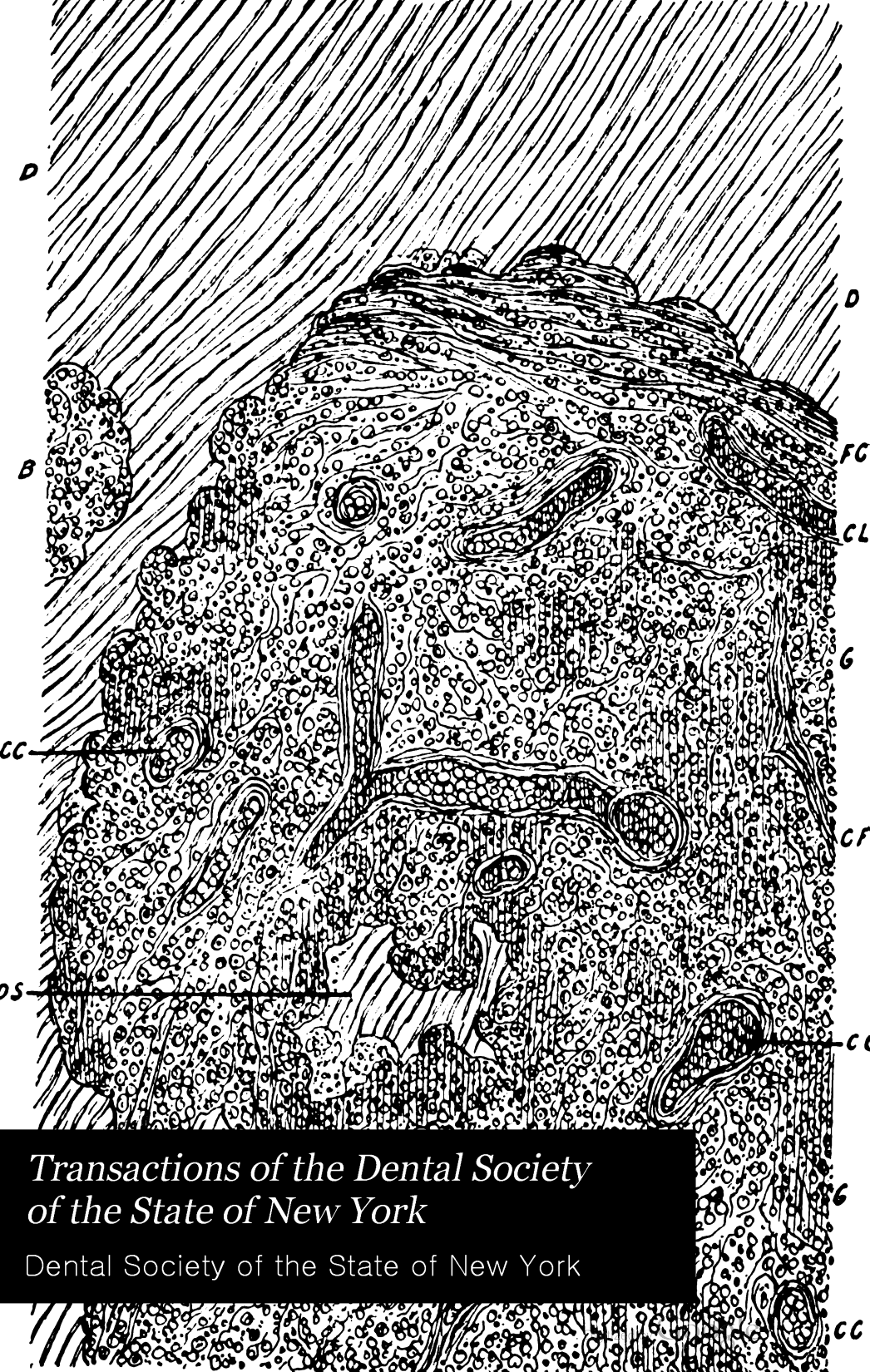

Transactions of the Dental Society of the State of New York

Dental Society of the State of New York

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TRANSACTIONS

OF THE

DENTAL SOCIETY

OF THE

STATE OF NEW YORK.

TWENTIETH ANNUAL MEETING,

ALBANY, N. Y., MAY, 1888.

COMMITTEE OF PUBLICATION.

MYRON D. JEWELL, RICHFIELD SPRINGS.
C. C. SMITH. ILION.
R. FRANK JONES, UTICA.

JOHN P. SMITH, PRINTER, 72 & 74 EXCHANGE STREET, ROCHESTER N. Y.

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TRANSACTIONS

— OF THE —

DENTAL SOCIETY

— OF THE —

STATE OF NEW YORK.

MINUTES OF THE TWENTIETH ANNUAL MEETING.

COMMON COUNCIL CHAMBER,
ALBANY, May 9th, 1888.

FIRST DAY—MORNING SESSION.

The Dental Society of the State of New York for its twentieth annual meeting, convened in the Common Council Chamber in the city of Albany Wednesday morning, May 9th, 1888, at 10 A. M. Members and delegates present were called to order by the President, Dr. Norman W. Kingsley, of New York, who said:

"My closing words to you a year ago were, 'I hope another year we shall meet with as kindly feelings as we now separate.' I believe that hope has been completely fulfilled. So far as I know there is not a bit of ill feeling between any two members. Let me hope that the same feeling with which we open this meeting may prevail when we close."

The roll was then called by the Secretary, Dr. J. Edward Line, the following members and delegates responding to their names:

PERMANENT MEMBERS.

Drs. F. L. Ames, C. Barnes, E. C. Baxter, A. H. Brockway, William Carr, W. H. Colgrove, A. Hudson Colton, C. D. Cook, G. L. Curtis, M. E. Elmendorf, F. French, S. D. French, F. A. Green, O. J. Gross, C. W. Harveys, A. M. Holmes, William Jarvie, Myron D.

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Jewell, N. W. Kingsley, George E. Lamb, J. Edward Line, James J. Mills, H. G. Mirick, B. C. Nash, S. B. Palmer, John J. Pitts, A. N. Priest, J. H. Race, F. C. Rich, P. Sloan, A. P. Southwick, C. E. Stacks, F. T. Van Woert, W. W. Walker, Charles F. Ives, P. W. Weed, S. F. Howard, S. P. Welch, C. F. Wheeler, Albert M. Wright.

DELEGATE MEMBERS.

Drs. E. P. Brown, G. L. Curtis, M. H. Dailey, E. H. Dickey, E. Dolittle, F. S. Emerson, P. S. Garvey, F. A. Green, O. J. Gross, John T. Hart, J. H. Holly, F. E. Howard, Charles F. Ives, Myron D. Jewell, G. E. Lamb, H. G. Nelson, M. L. Rhein, A. C. Rich, C. F. Rich, A. Ritter, Hyman Rosa, C. C. Smith, Alfred R. Starr, F. T. Van Woert, R. I. Verplanck, F. C. Walker, P. W. Weed, E. J. Young.

The Secretary then read the minutes of the last session of the meeting of 1887, which were approved, minutes of the previous sessions having been read by the stenographer and approved.

The Committee of Arrangements reported through its Secretary, Dr. Baxter, that it had engaged the hall of the Common Council for the sesions of the Society, and also reported the following as having presented certificates from their respective district societies :

First District—B. A. R. Ottolengui, M. D. S., for a term of four years—1888–91.

Second District—Dr. E. H. Dickey, one year, 1888–9 ; Dr. J. J. Mills, one year, 1888–9 ; Dr. Frank Latson, one year, 1888–9.

Third District—Dr. J. W. Canaday, four years, 1888–91 ; Dr. E. J. Young, four years, 1888–91.

Fourth District—Dr. Emory Doolittle, four years, 1888–91.

Fifth District—Dr. A. Ritter, one year, vice Dr. G. L. Curtis, elected permanent member ; Dr. R. Frank Jones, four years ; Dr. S. E. Macdougal, four years.

Sixth District—M. H. Fish, four years from 1887, vice G. W. Hoysradt ; Dr. G. W. Hoysradt, four years, vice M. D. Jewell ; E. D. Downs, four years, 1888–9.

Seventh District—Dr. C. Elmendorf, two years ; A. W. White, D. D. S., four years ; J. W. Cowan, D. D. S., one year, to fill vacancy.

Eighth District—Dr. Thomas S. Phillips, four years.

At this stage of the proceedings an intermission of ten minutes was taken for the reception of members and payment of dues.

At the expiration of the above time the President delivered the annual address, which was received with marked attention and applause. (See page 85.)

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The Treasurer, Dr. Mirick, then presented his annual report, which showed receipts and disbursements as follows:

Your Treasurer would respectfully submit the following report, showing the financial condition of the Society May 8th, 1888:

RECEIPTS.

1887.		
May 10—Balance last report	$1,146 44	
1888.		
May 8—Annual dues from permanent members	192 00	
" " Annual dues from District Societies	198 00	
" " Annuul dues from New York College of Dentistry	6 00	
" " Admission fees from permanent members	60 00	
" " Diplomas	100 00	
" " Interest from Savings Bank to Jan. 1, 1888	42 32	
		$1,714 76

EXPENDITURES.

1887.		
May 12—J. Edw. Line, Secretary's bill	$ 31 30	
" " J. Edw. Line, resolution of Society	100 00	
" " Committee of Arrangements' bill	25 00	
" " Wm. R. Lansing, stenographer	68 50	
June 6—Daniel Nason, legal services	230 00	
		$ 454 80
Balance		$1,259 96

BROOKLYN, May 8, 1888.

H. G. MIRICK, Treasurer.

The report was referred to the Committee on By-Laws.

Dr. Mirick: I would like to call the attention of the Society to inaccuracies which were in the published transactions for the session of 1887 in the treasurer's report. If anybody were interested enough to look it up, they would find that the column did not add up in the receipts to within sixty dollars of what it should have been. I found that there was one item which was not in the report.

Dr. Atkinson, Correspondent, said: "The report I have to make is not encouraging. I have not written a report, for the reason that my advice, persistently repeated since my election as correspondent, has not been heeded or attended to, and I am this year without a thing to report. I am without an answer from a single member of the profession upon the questions in the circulars which have been distributed, and I wish you to elect a man in whom you have more confidence. I utterly refuse to worry myself any further with the correspondence of this body. It is a thing that pains me more than you can believe or that I can tell to think the estimate I placed upon the members of this society with such paternal—no, such maternal—regard has so far failed me, and I have begotten and raised up children in more senses than one who have rebelled against me—not as to me personally, but in the conception of

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what, in my mind, is the highest conception of their duty. If I was the only individual upon this planet, it would be different, or if you were the only inhabitants; but we are legion. We are what we are, as we have heard in the utterances of our excellent President which ought to be printed in letters of gold and scattered throughout the world wherever diseased teeth have made dentistry a necessity. We should stand as an organized body, a coherent body, in the purpose to sustain the confidence of all moral ideas that make us a profession. Talk of our being a 'branch of a profession!' We are the tip-top of all professions.

The Board of Censors reported through its Secretary, Dr. Frank French, as follows:

The Board of Censors report that a meeting for examination of candidates for the degree of M. D. S. was held in Albany on Tuesday, 8th May, 1888, at the Delavan House, from 10 A. M. to 11 P. M., all the Censors present. Dr. Southwick in the chair. Fifteen candidates were examined, and the Board recommend six of them for the degree, viz.: James W. Cowan, D. D. S., Geneseo; Fred. J. Capon, L. D. S., Toronto; Peter S. Garvey, Hudson; Charles F. Howell, Rochester; George Edwin Rice, New York; Albert J. Burns, Fairport.

The Board also recommend as beneficiary from this Society to the New York College of Dentistry, George Edwin Rice, New York—and to the Baltimore College of Dental Surgery, Henry D. Hatch, Albion.

Two Censors are to be elected this year, in place of Drs. S. B. Palmer and William Jarvie, whose terms expire with this meeting.

FRANK FRENCH, Secretary.

Upon motion, the report was accepted and ordered filed.

The report of the Committee on By-Laws was, upon suggestion of Dr. Line, deferred to a later hour.

The Committee on Ethics reported through Dr. Ives that it had no report to make.

Dr. Kingsley: I would like to inquire of Dr. Ives if there are no ethics in the profession, or if he has been unable to find any during the last year?

The Committee on Business reported through Dr. Walker, as follows:

MR. PRESIDENT: Your Business Committee would respectfully report:

The following gentlemen have kindly consented to read papers:

PAPERS.

Dr. L. D. Shepard, Boston. Subject, "Prominence of Discussion Upon One Tooth to be Deprecated."

Dr. William Carr, New York. Subject, "Hæmorrhage."

Dr. William H. Atkinson, New York. Subject, "What Lack I Yet?"

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Dr. Rodrigues Ottolengui, New York. Subject, "The Esoteric Law of Cure."

Dr. A. P. Southwick, Buffalo. Subject, "A Practical Talk."

CLINICS.

Dr. W. Spencer, Vermont. Subject, "Crown and Bridge Work."

Dr. M. L. Rhein, New York. Subject, "Filling Teeth with Crystalloid Gold."

Dr. E. P. Brown, Flushing, and Dr. H. A. Parr, New York. Subject of clinic to be announced at meeting.

Prize Essay, Volunteer Papers, Incidents of Office Practice.

We have also engaged the stenographer, Mr. William R. Lansing, at the same figure as last year, $68.50.

Conferring of the Degrees by the President the last thing before the closing of this session.

Dr. Brockway, Chairman of the Committee on Whitney Prize Essay, reported that, similar to the chapter on snakes in the history of Ireland, "There were no essays." There was one sent in yesterday, but that one does not come within the condition imposed by the By-Laws, and the committee cannot receive it or report on it. The committee hope the crop will be more luxuriant another season.

Dr. Kingsley: I would suggest that it might be proper to abandon this prize essay business, as it seems to have fallen into "innocuous desuetude," but perhaps it will be well enough to keep it up for another year, and, as the chairman says, we will look for a better crop.

Dr. Carr, Chairman of the Committee on Dental Law, then presented his report, which, by unanimous rising vote of the Society, was accepted, and ordered to be placed on file.

Dr. Carr: I will state that before this bill was presented to the Legislature it had been handed to a member of the Supreme Court, who was asked to take it home and look it over, which he did. Then I asked him if we brought up such a question as the Delevan business, if there was a possibility of our gaining our case. He said, emphatically: "The law is clear, and the State Society has the right to decide, and are the only judges to decide upon the standing of colleges." So I think the Bill as it now stands, if we succeed in getting the Governor to sign it, will be one of the best dental laws in the United States.

Dr. Kingsley: If the members have any doubts about this law and its workings, they should now make their doubts known, and the Chairman will answer the questions.

A Member: Do we understand if a man is already registered, it is necessary to re-register?

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Dr. Carr. The difficulty is, a man living in the city of New York or in Brooklyn—that is Dr. Jarvie's county—and is registered in Brooklyn, goes to the upper part of the State and does not register there. The result is that some one in the county complains; I write to the man and ask if he has registered, and he tells me to find out. That necessitates looking all over the different counties and asking if that man is registered there or not; if not, we take some action. Now, every man, when he leaves one county and goes into another, it only costs him fifty cents to register in that county; so if a man has any doubt about the registration of a dentist, he can look at the county record.

A Member: If a man was registered in 1879, has he got to register again?

Dr. Carr: No, sir; not at all. If a man any later than 1879 moves into another county, he must register there.

Dr. Jarvie: Without accepting what the Chairman says about Kings county—"

Dr. Kingsley: He said "Dr. Jarvie's county." He said nothing about Kings county.

Dr. Jarvie: I shall have to object. I do not own Kings county. It seems to me that this law covers all the weak points in the old law. The Committee have had charge of this law for the past two years and have had a great deal of experience, and a number of cases have come before them, and they found the old law weak in some points; and, after a careful consideration of those points, the Committee has drafted this law in such a manner as they think will strengthen these weak points. As it has passed the Legislature, the Committee think it about as complete as possible. I think this Committee deserves great credit. They have done a great amount of work in the past. They have, perhaps, done more work during the past year than any previous year. Not that they have had more cases before them, but in the preparation of this law and watching its progress and securing its passage. The Chairman of the Committee, in particular, has had a great deal to do. His work has been very onerous. He has devoted, not his whole attention, but a great deal of his attention to this matter during this winter. He has watched it through the Assembly and through the Senate, and, at the present time he is watching it as it remains upon the table of the Governor awaiting his signature. I would move the thanks of this Society be tendered the Committee on Law for their services in behalf of the profession at large.

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The motion was seconded by Dr. Wheeler.

Dr. Kingsley: I am going to ask that those who are in favor of this motion signify it by a rising vote.

Dr. Rhein: I would like to offer a slight amendment to that motion, in respect to a portion of the President's address bearing upon this: to the effect that a committee of three be appointed to render to the Chairman of the Committee on Law some suitable recognition of the services he has rendered the profession in this matter. I would offer that as an amendment to the motion of Dr. Jarvie.

The President: Would it not be better to make that as a subsequent motion?

Dr. Rhein then withdrew his amendment.

The motion of Dr. Jarvie was then carried unanimously by a rising vote.

Dr. Rhein then renewed his amendment, making it as a motion. The motion was duly carried.

Dr. Carr: I move that the thanks of this Society be tendered Hon. John E. Savary for the amount of work he has done for this Society. He has stood by us through all this matter and kept the Chairman of the Committee informed, so that every objection could be met and examined before it was made public.

Dr. Curtis: I would like to make an amendment to the motion. I am familiar with Dr. Savary's work in connection with this bill, and I think, outside of the Chairman of the Committee on Law, he has done more work than anybody else. He has gone to every member of the Assembly and the Senate and got them to pledge themselves to vote for the bill. On two occasions the bill would not have been presented if he had not been there. In the Senate, on two different occasions, he secured the presentation of the bill. If according to the constitution, I would like to make the amendment that he be made an honorary member of this Society for the work he has done in securing the passage of this bill.

Dr. Holmes: I would be pleased to say a word in regard to the services of Dr. Savary. I spent a few days here upon this bill, and I know he has done a great deal of work and kept a close watch upon it; and it was necessary, because the tendency was to force the bill out of sight, and no one cared for it except as it was brought into view by him.

The President: I might rule that, being out of practice—

Dr. Curtis: He is still in active practice.

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The President: I do not think that, under our By-Laws as they now exist, he can be made an honorary member.

Dr. Holmes: I would suggest, then, that the resolution be properly engrossed and signed by the President and Secretary and presented to him.

Dr. Elmendorf: I would suggest that he be made a permanent member and his dues remitted.

Dr. Walker: I move that the matter be referred to the same committee to which the resolution in regard to Dr. Carr was referred.

Dr. Cook: It seems to me that this body is able to act upon that of itself.

Dr. Jarvie: I presume that Dr. Walker's motion to refer to that committee was in order to have the motion carried out.

The motion was carried as amended without dissent.

The President appointed as such committee Drs. Rhein, Jarvie and Holmes.

Upon the suggestion of the President, the report of the Committee on Practice was postponed.

Dr. Line then read the following report of the Committee on Publication, which was received and filed.

The Committee of Publication would report the following work, assigned it by rule or vote of the Society, as having been accomplished during the year just closed:

1st. The Charter and Code of the Society, a pamphlet of 36 pages, containing all matter authorized by the Society up to date, except the resolution making the election of officers part of the business of the first evening's session. This will accompany remaining copies, to be sent out as a paster. Marginal notes appear on each page, making its general contents easy of reference. Number of copies printed, 2,000; cost, $69.60.

2nd. The Transactions of '87, a volume of 136 pages, printed a little late in the season, at an expense of $172.00, less $40.00 paid by the Rochester Dental Manufacturing Company for the use of part of it as reprint.

3rd. The Transactions of '79, '80 and '81, known as the "lost" transactions, one volume of 174 pages at a cost of $216.90, or 25 cents per page, or 5 cents per page more than the sum authorized by resolution of last year, but the lowest figure at which it was possible to have the work done by responsible parties. The missing papers are those enumerated in our report of a year ago, plus incidents of office practice and discussions that no one would own.

4th. Preceptor and pupil contract forms—one a contract, the other a bond for minors. There were 500 of each run off at a cost of $18.00.

This ends all authorized printing by the Society, likewise the duties of the present Publication Committee, for which the Chairman, at least, is profoundly thankful.

J. Edw. Line,
F. A. Greene,
F. French.

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The Secretary then read the reports of the several District Societies, the Fourth District making no report.

FIRST DISTRICT.

The annual meeting of the First District Dental Society was held in the city of New York, Tuesday evening, April 3, 1888. The following were elected for the ensuing year:

President, William Wallace Walker, 67 West Ninth street.

Vice-President, J. F. P. Hodson, 19 West 39th street.

Secretary, Benjamin C. Nash, 433 West 57th street.

Treasurer, John I. Hart, 47 West 56th street.

Librarian, J. Bond Littig, 113 West Forty-seventh street.

A Board of Censors was also elected for five years, and consists as follows: Dr. A. L. Northrop, Dr. Frank Abbott, Dr. William Carr, Dr. S. G. Perry and Dr. Alfred R. Starr.

The delegates to the State Dental Society are Dr. James W. Taylor and Dr. Rodrigues Ottolengui.

The Standing Committees appointed by the Chair:

Executive Committee—Dr. William Carr, Dr. F. A. Remington; Dr. A. L. Northrop, Chairman.

Clinic Committee—Dr. M. L. Rhein, Chairman.

In addition to its annual meeting, the Society has held during the year eight regular meetings, which, as usual, were largely attended.

The Clinics, under this Society's auspices, were continued and attracted the attention of both local and non-resident dentists.

The nineteenth anniversary was celebrated on the 16th, 17th and 18th of January at the Masonic Temple, where five sessions were held. A number of carefully prepared papers were read and ably discussed. Clinics were given at the New York College of Dentistry on the mornings of the 17th and 18th, which are fully reported in the May issue of the *Dental Cosmos*.

The Society's transactions have, as usual, been published in the *Dental Cosmos*.

The list hereto appended contains the names of the Society's members—107 active, 12 honorary and 6 corresponding.

Respectfully submitted,

B. C. NASH, Secretary.

ACTIVE MEMBERSHIP, 1888.

Abbott, Frank, 22 W. 40th St.
Albert, H., 142 W. 34th St.
Allan, Geo. S., 51 W. 37th St.
Allen, H. D., 155 W. 47th St.
Arnold, T. B., 127 W. 34th St.
Atkinson, W. H., 41 E. 9th St.
Barnum, W. H., 127 W. 42d St.
Baldwin, C. S. W. 100 E. 124th St.
Bishop, J. A., 30 W. 48th St.
Boedecker, C. F. W., 60 E. 58th St.
Bogue, E. A., 29 E. 20th St.
Bronson, W. A., 8 E. 33rd St.
Cady, H. F. W., 20 Gramercy Park.
Caillè, Wm. J., Jr., 43 E. 7th St.
Carr, Wm. 35 W. 46th St.
Chaim, M. L., 30 Cooper Union.
Day, James B., 33 W. 47th St.
Deane, W. C., 427 Lexington Ave.
Degenhardt, C., 123 Avenue A.
De Vries, H., 132 W. 44th St.
Dodge, M. H., 20 E. 33d St.
Dubar, C. L., 251 W. 22d St.
Dubois, C. A., 145 E. 29th St.
Dwinelle, W. H., 15 W. 34th St.

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Farrar, J. N., 1271 Broadway.
Flagg, E. M.
Fletcher, T. A., 67 W. 54th St.
Francis, C. E., 33 W. 47th St.
Freeman, S., 1109 Lexington Ave.
Gage, Arthur R., 47th E. 29th St.
Gibson, K. C., 59 W. 46th St.
Goodwillie, Jas., 73 W. 46th St.
Gottschaldt, M. C., 102 E. 31st St.
Hart, John I., 47 W. 56th St.
Hassell, Samuel, 112 W. 38th St.
Henriquez, J. M., 51 W. 33d St.
Hiller, W. G., 169 W. 10th St.
Hoag, W. E., 8 E. 43d St.
Hodson, J. F. P., 19 W. 39th St.
Howe, J. Morgan, 58 W. 47th St.
Howells, E. W., 102 W. 48th St.
Howland, S. F., 39 W. 42d St.
Hoyt, E. P., 17 W. 39th St.
Hurd, W. W., 55 W. 33d St.
Ives, C. F., 34 W. 35th St.
Jackson, V. H., 6 E. 126th St.
Kingsley, Norman W., 35 W. 27th St.
King, Lyman S., 20 E. 125th St.
Lambert, H., 240 E. 19th St.
La Roche, W. T., 67 W. 54th St.
Latimer, C. E., 102 W. 48th St.
Latimer, J. S. 102 W. 48th St.
Le Roy, Louis C., 226 Fifth Ave.
Littig, J. Bond, 113 W. 47th St.
Merritt, Chas., 39 W. 42d St.
Mersereau, G. B., 32 E. 28th St.
Meyer, John H., 159 W. 34th St.
Miller, A. B., 33 W. 47th St.
Miller, Chas. W., 331 Madison Ave.
Minner, E. E.
Moore, J. W., 67 W. 9th St.
Morse, D. E., 157 E. 77th St.
McNaughton, S. H., 37 W. 42d St.
Nash, Benj. C., 433 W. 57th St.
Neymann, Olga, 66 Madison Ave.
Nisley, John C., 35 W. 46th St.
Northrop, A. L., 57 W. 49th St.
Odell, F. M., 8 E. 43d St.
Ottolengui, Rodrigues, 28 W. 26th St.
Palmer, Delos, 134 W. 45th St.
Palmer, Eugene, 134 W. 45th St.
Payne, E. T., 22 W. 38th St.
Perry, B. J., 311 Madison Ave.
Perry, S. G., 46 W. 37th St.
Peters, A. L., 58 Second Ave.
Phillips, C. E. H., 33 W. 47th St.
Pressler, V., 105 E. 60th St.
Price, S. B., 13 W. 32d St.
Rabell, C. F., 109 W. 22d St.
Reed, J. Howard, 32 W. 19th St.
Remington, F. A., 57 W. 49th St.
Rhein, M. L., 104 E. 58th St.
Roy, F. A., 165 W. 53d St.
Sailer, Z. T., 40 W. 33d. St.
Sichel, M., 114 E. 56th St.
Simon, Samuel, 222 E. 13th St.
Sisson, H. H., 234 W. 25th St.
Slocum, L. M., Cooper Union.
Smith, Dwight, 3 E. 47th St.
Spooner, S. C., 243 W. 14th St.
Sproull, J. C., 667 Madison Ave.
Starr, A. R., 164 E. 91st St.
Strohmeyer, J. J., 222 E. 32d St.
Taylor, J. W., 133 E. 59th St.
Tenison, W. D., 169 W. 126th St.
Todd, Elbert, 47 E. 29th St.
Toledo, M. V., 113 E. 18th St.
Valentine, D. W., 8 E. 43d St.
Wadsworth, T. A., 159 W. 34th St.
Walker, W. W., 67 W. 9th St.
Wardwell, C. S., 35 W. 38th St.
Wardwell, I. F., 35 W. 38th St.
Weld, G. W., 13 W. 26th St.
Williams, D. A., 364 9th Ave.
Williamson, D. W., 121 W. 21st St.
Winkle, A. F., 59 E. 59th St.
Woodward, C. A., 12 W. 53d St.

HONORARY MEMBERS.

Allen, John, New York.
Burras, T. H., Patchogue, L. I.
Crowley, Mr. C. George, New York.
Harmstad, Mr. Frank C., New York.
Hawes, Arnold C., Noroton, Conn.
Heitzmann, Carl, New York.
Herbst, Wilhelm, Bremen, Germany.
Kirk, Edward C., Philadelphia.
Miller, Charles, New York.
McKellops, H. J., St. Louis, Mo.
Shephard, L. D., Boston,
Younger, Wm. J., San Francisco.

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NON-RESIDENT MEMBERS.

Andrews, R. R., Cambridge, Mass.
Gardiner, F. H., Chicago, Ill.
Harlan, A. W., Chicago, Ill.
Darby, Edwin T., Philadelphia, Pa.
Guilford, S. H., Philadelphia, Pa.
Levy, F. A., Orange, N. J.
Meeker, Charles A., Newark, N. J.
Patrick, John J. R., Belleville, Ill.
Peirce, C. N. Philadelphia, Pa.
Thomas, T. J., Glen Cove, N. Y.
Truman, James, Philadelphia, Pa.
Watkins, S. C. G., Montclair, N. J.

CORRESPONDING MEMBERS.

Black, G. V., Jacksonville, Ill.
Brown, E. Parmly Flushing, L. I.
Lee, F. H., Auburn, N. Y.
McDougall, A. S., New Brigton, S. I.
Stockton, C. S., Newark, N. J.
Torill, W. R., Melbourne, Australia.

SECOND DISTRICT.

BROOKLYN, N. Y., May 8, 1888.

To the Dental Society of the State of New York, Albany, N. Y.:

GENTLEMEN: The annual meeting of the Second District Dental Society was not held as per notices sent out for March 12th, on account of the severe blizzard which occurred on that date, in consequence of which the officers of this Society remain the same as per previous report.

President, John J. Pitts; Vice-President, E. Clifford Wadsworth; Recording Secretary, F. T. Van Woert; Corresponding Secretary, F. S. Emerson; Treasurer, L. G. Wilder; Librarian, F. W. Moore.

Censors—H. G. Mirick, A. H. Brockway, William Jarvie, J. H. Holly and O. E. Hill.

The Society has held four meetings during the year—three in the city of Brooklyn and one in the city of Newburgh. The average attendance has been fair, and the Society is in a prosperous condition.

The President has appointed the following gentlemen, Drs. E. H. Dicky, J. J. Mills and Frank Latson, as delegates to State Society for the term of one year, to fill vacancies occasioned by the expired terms of J. J. Mills and E. H. Dickey and the resignation of F. T. Van Woert.

Please find affixed a complete list of the members of this Society.

Respectfully submitted,

F. T. VAN WOERT, Recording Secretary.

ACTIVE MEMBERS.

Abbott, Frank P., 124 South Oxford St., Brooklyn.
Allen, C. F., Newburgh, N. Y.
Allen, Charles C., 294 Henry St., Brooklyn.
Brockway, A. H., 13 Greene Ave., Brooklyn.
Brooks, C. E., 131 South Oxford St., Brooklyn.
Brush, George W., 144 Lawrence St., Brooklyn.
Brewster, R. C., 134 Lafayette Ave., Brooklyn.
Brown, E. Parmly, Flushing, L. I.
Bailey, C. I., Armenia, N. Y.
Brown, J. B., 139 Pacific St., Brooklyn,
Barrett, G. E., 29 Bedford ave., Brooklyn.
Barlow, Charles K., Poughkeepsie, N. Y.
Cook, C. D., 133 Pacific St., Brooklyn.
Chapman, A. N., Atlantic Ave. and Clinton St., Brooklyn.

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Campbell, W. A., Fulton and Gold Sts., Brooklyn.
Cuinet, L. A., 76 Henry St., Brooklyn.
Conor, M., 60 Court St., Brooklyn.
Duboise, T. W., Poughkeepsie, N. Y.
Dickey, E. H., 365 Bedford Ave., Brooklyn.
Dobbs, E. T., 303 Henry St., Brooklyn.
Elmendorf, M. E., 45 Greene Ave., Brooklyn.
Emerson, F. S., 140 Wilson St., Brooklyn.
Frazee, Lonedo, 63 Irving Place, Brooklyn.
Fuller, D. J., 156 Clinton St., Brooklyn.
Fuller, E. D., Peekskill, N. Y.
Fuller, J. D., Peekskill, N. Y.
Geran, J. P., 71 Greene Ave., Brooklyn.
Graves, C. F., 393 Jay St., Brooklyn.
Hurd, William B., 32 Bedford Ave., Brooklyn.
Hill, O. E., 160 Clinton St., Brooklyn.
Harreys, C. W., 632 Bedford Ave., Brooklyn.
Hamlet, Francis P., Hempstead, L. I.
Houghton, O. E., 126 South Oxford St., Brooklyn.
Holly, J. H., Warwick, N. Y.
Holly, S. E., Warwick, N. Y.
Holly, R. T., 18 Clinton St., Brooklyn.
Hepburn, William, New Rochelle, N. Y.
Hull, P. L., Jamaica, L. I.
Hubbard, Charles, 191 Sixth Ave., Brooklyn.
Jarvie, William, 159 Joralemon St., Brooklyn.
Johnson, S. Frank, 72 Hansom Place, Brooklyn.
Johnston, William H., Fort Greene Place, Brooklyn.
Kraemer, F. O., 225 Schermerhorn St., Brooklyn.
Latson, Frank, Rhinebeck, N. Y.
Lyon, S. M., 119 Kent St., Brooklyn.
Mirick, H. G., 156 Clinton St.. Brooklyn.
Marvin, C. A., 168 Clinton St., Brooklyn.
Mensch, C. E., 168 Clinton St., Brooklyn.
Miller, John, Flushing, L. I.
Moore, F. W., 100 First Place, Brooklyn.
Monroe, I. C., 35 St. Felix St., Brookyn.
Mills, J. J., Port Jervis, N. Y.
Marshall, E. W., State and Henry Sts., Brooklyn.
O'Brien, H. L., 217 Ninth St., Brooklyn.
Parker, C. B., 169 Remsen St., Brooklyn.
Pitts, J. J., 171 State St., Brooklyn.
Perrin, F. C., 319 Court St., Brooklyn.
Parker, C. G., Goshen, N. Y.
Quinlan, T. A., 463 Fulton St., Brooklyn.
Royce, F. C., Middletown, N. Y.
Race, James H., 366 Clinton St., Brooklyn.
Ramsdell, W. M., 50 Livingston St., Brooklyn.
Rippier, E. T. 352 Ninth St., Brooklyn.

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Robinson, L. H., 242 St. James Place, Brooklyn.
Russell, J. W., 45 Greene Ave., Brooklyn.
Read, B. T., 307 Clinton St., Brooklyn.
Roussell, A. N., 143 Stuyvesant Ave., Brooklyn.
Skinner, D. S., 124 Montague St., Brooklyn.
Straw, L. S., Newburgh, N. Y.
Stanbrough, R. G., Newburgh, N. Y.
Stanbrough, William, Newburgh, N. Y.
Stevens, Charles, Jamacia, L. I.
Thompson, M. L., 382 Adelphi St., Brooklyn.
Thomis, T. J., Glen Cove, N. Y.
Underhill, Theo. I., 67 Waburton Ave., Yonkers, N. Y.
Van Woert, F. T., 152 Noble St., Brooklyn.
Varcoe, E. R. Goshen, N. Y.
Walker, F. C., 18 Clinton St., Brooklyn.
Wadsworth, E. C., 53 Bedford Ave., Brooklyn.
Wilder, L. G., 54 Fort Greene Place, Brooklyn.
Wyant, W. M., 105 Clinton St., Brooklyn.
Waite, Samuel, Lefferts Place near Classon Ave., Brooklyn.

THIRD DISTRICT.

The annual meeting of the Third District Dental Society was held in Albany April 14th, 1888. The officers elected for the ensuing year are :

President, Hyman Rosa, Kingston ; Vice-President, H. G. Nelson, Troy ; Secretary, A. M. Wright, Troy ; Treasurer, S. D. French, Troy ; Correspondent, C. F. Wheeler, Albany.

We have held two meetings during the year, both well attended. Our membership is on the increase. Our treasury is well filled, and the outlook for the future is brighter than for years past.

A. M. Wright, Secretary.

FOURTH DISTRICT.

(No Report.)

FIFTH DISTRICT.

Syracuse, N. Y., May 1, 1888.

J. Edw. Line, Sec. N. Y. S. Dental Society :

Dear Sir : I submit my report of the Fifth District Dental Society for the past year.

Two meetings of the Fifth District Dental Society have been held since the last report—the nineteenth semi-annual at Syracuse, October 11–12, 1887, and the twentieth annual at Utica, April 10–11, 1888. Both were largely attended. Four new members have been received during the year. We have $102 in the treasury.

Dr. J. A. Cowles, of New York city, who was an honorary member of this Society, died during the year. Suitable resolutions were passed and ordered spread upon the minutes.

Enclosed is the list of officers elected at the Utica meeting.

The next meeting will be held in Syracuse in October, 1888, and will be a union of the Fifth, Sixth, Seventh and Eighth Districts.

C. J. Peters, Recording Secretary.

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OFFICERS FOR 1887–1888.

President, B. T. Mason, Phœnix; Vice-President, C. J. Peters, Syracuse; Recording Secretary, R. F. Jones, Utica; Correspondent, S. E. Macdougal, Clinton; Treasurer, I. C. Curtis, Fulton; Librarian, W. A. Prentice, Utica.

Censors (re-elected)—S. B. Palmer, Syracuse; F. D. Nellis, Syracuse; E. L. Swarthout, Utica.

Business Committee—G. L. Curtis, Syracuse; F. D. Nellis, Syracuse; A. Retter, Utica.

Committee of Arrangements—Charles Barnes, Syracuse; G. H. Butler, Skaneateles; A. N. Priest, Utica.

Committee on Ethics—J. A. Schmidt, Ilion; A. W. Marsh, E. Syracuse; W. A. Kelly, Lowville.

Committee on Illegal Dental Practice and Illegal Registering—Oneida County, C. M. Hitchcock, Utica; Onondaga County, F. W. Fisher, Syracuse; Herkimer County, C. C. Smith, Ilion; Oswego County, G. V. Emens, Fulton; Jefferson County, E. L. Sargent, Watertown; Lewis County, H. P. Chambers, Lowville.

MEMBERS IN GOOD AND REGULAR STANDING.

Charles Barnes,	F. W. Fisher,	C. J. Peters,
J. P. Beardsley,	C. M. Hitchcock,	W. A. Prentice,
C. H. Bennett,	J. C. House,	A. N. Priest,
B. H. Billington,	G. F. Horsey,	S. M. Robinson,
G. H. Butler,	R. F. Jones,	G. V. N. Relyea,
H. P. Chambers,	W. A. Kelley,	A. Retter,
A. R. Cooke,	J. E. Liddy,	E. L. Sargent,
A. B. Cowles,	S. E. Macdougal,	J. A. Schmidt,
J. E. Cummings,	A. W. Marsh,	E. L. Swartwout,
I. C. Curtis,	B. T. Nason,	C. C. Smith,
G. L. Curtis,	F. D. Nellis,	W. I. Southerton,
Charles E. Cherry,	G. E. Nearing,	A. A. Stillman,
F. P. Denny,	L. A. Nearing,	R. E. Sunderlin,
G. L. Elliott,	S. B. Palmer,	H. W. Tompkins,
G. V. Emens,	M. A. Peck,	F. G. Tibbitts.

Delegates to the State Society—A. Retter, Utica; G. V. Emens, Fulton; four years from April, 1885. C. C. Smith, Ilion; G. H. Butler, Skaneateles; four years from April, 1886. C. H. Bennett, Waterville; E. L. Swarthwout, Utica; four years from April, 1887. S. E. Macdougal, Clinton; R. F. Jones, Utica, four years from April, 1888.

SIXTH DISTRICT.

The twentieth annual meeting of the Sixth District Dental Society was held in the court room of the Court House in the city of Binghamton, Firday and Saturday, May 4th and 5th, 1888.

The Business Committee—Dr. F. B. Darby, of Emlira, Chairman—were untiring in their efforts to present an attractive programme, and were eminently successful, the attendance being greater than at any meeting since the early history of the history.

Papers of interest were read by Dr. R. Walker, of Owego, on "Fifty Years of Observance in and of the Dental Profession;" Dr. A. M. Holmes, of Mor-

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risville, on "Bridge and Crown Work," in which the Doctor handled what he denominated "The Dental Parasite" (patent-holder) without gloves. Dr. F. B. Darby, of Elmira, read an interesting and elaborate historical sketch of the Society in that inimitable manner peculiar to him, which was received with rounds of applause, and by vote of the Society ordered published in pamphlet form for preservation. The Secretary contributed a humorous paper on "Thoughts."

The clinic programme was as follows:

G. L. Curtis, D. D. S., M. D., "Implantation."

Dr. George W. Melotte, Ithaca, "Entire Gold Crown."

Dr. W. C. Stewart, Elmira, "Filling Cavity with Combination Gold and Tin, using Matrix and Electric Mallet."

Dr. Frank B. Darby, Elmira, "A Cheap and Easy Porclain Crown; also Demonstrate use of Perry Separators."

Dr. C. C. Carroll, Meadville, Pa., "Aluminum Cast Dentures."

The Binghamton Hydraulic Power Company exhibited water motor, for running engines and laths, &c.

Large display of goods by S. S. White Manufacturing Company.

The clinic on Implanation was of unusual interest. The operation was performed by Dr. Curtis in an original and skillful manner, in several important particulars differing from the methods adopted by Dr. Younger and others.

An invitation from the Fifth District to join them in their semi-annual meeting in October, was accepted and a committee appointed to invite the Fifth, Seventh and Eighth Districts to unite with us in our semi-annual, in October, 1889.

Union meetings of this character are felt to be of great practical benefit to our Society, and besides the wider circle of acquaintance it affords—deepening the sense of common brotherhood and fraternal feeling—stimulates amongst us a desire for study and investigation that would probably be aroused in no other way.

Six new names were added to the roll at this session. Though some are dropping out we are still gradually increasing our membership.

The following are the names of new members:

A. J. Butler, D. D. S., Cooperstown.
Dr. T. B. Fuller, Binghamton.
Dr. B. G. Hughson, Delhi.
Paul Campbell, D. D. S., Cooperstown.
Dr. M. B. Ingalls, Cortland.
F. C. Knapp, D. D. S., Binghamton.

Dr. J. K. Newell, of Wyalusing, Pa., was made an honorary member.

Dr. L. E. Ireland and Dr. R. A. Kneeland, having been dropped from the roll (the latter at his personal request), leaves us a membership of 44 in good standing, and a score or more of honorary members and visiting dentists.

The following is our list of active members:

S. W. Adamy, Union.
A. E. Bradley, Norwich.
A. J. Butler, Cooperstown.
Paul Campbell, Cooperstown.
W. S. Carruth, Cincinnatus.
C. W. Cox, Horseheads.
C. B. Crandall, Brookfield.
F. B. Barby, Elmira.
C. G. Denike, Elmira.
E. D. Downs, Owego.
C. E. Dunton, Cazenovia.
C. H. Eccleston, Oxford.
W. S. Fish, Sherburne.
M. A. Fish, New Berlin.

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T. B. Fuller, Binghamton.
E. Goddard, Elmira.
N. B. Gregory, Unadilla.
William H. Hall, Binghamton.
A. M. Holmes, Morrisville.
F. S. How, Ithaca.
Frank Howe, Ithaca.
G. W. Hoysradt, Ithaca.
R. G. Hughson, Delhi.
M. B. Ingalls, Cortland.
Myron D. Jewell, Richfield Spa.
L. E. Knapp, Deposit.
F. C. Knapp, Binghamton.
M. O. Landon, Delhi.
E. A. Mayor, Owego.
C. W. McCall, Binghamton.
G. W. Melotte, Ithaca.
E. Nelson, Waverly.
C. C. Sears, Bainbridge.
G. M. Smith, Cortland.
F. M. Snook, Waverly.
C. W. Spencer, Afton.
A. L. Spencer, Unadilla.
W. Spencer, Whiting's Point.
W. C. Stewart, Elmira.
A. D. Turner, Binghamton.
E. S. Walker, Green.
R. Walker, Owego.

HONORARY MEMBERS.

C. S. Dusenberry, LeRaysville, Pa.
F. O. Hyatt, Cortland.
W. B. Kelly, Towanda, Pa.
J. K. Newell, Wylausing, Pa.
E. C. Rishell, Athens, Pa.
C. J. Seymour, Binghamton.
W. W. Smith, Montrose, Pa.
L. D. Walter, Rochester.

The following officers were elected and committees appointed for the ensuing year:

President, E. D. Downs, Owego; Vice-President, William H. Hall, Binghamton; Recording and Corresponding Secretary, Myron D. Jewell, Richfield Spa; Treasurer, Frank B. Darby, Elmira.

Censors—C. G. Sumner (term expires 1889), Norwich; A. M. Holmes (term expires (1890), Morrisville; E. D. Downs (term expires 1891), Owego.

Delegates to State Society—W. C. Stewart, Elmira; A. M. Holmes, Morrisville; four years from 1885. F. B. Darby, Elmira; G. W. Melotte, Ithaca; four years from 1886. M. H. Fish, New Berlin; G. H. Smith, Cortland; four years from 1887. E. D. Downs, Owego; G. W. Hoysradt, Ithaca; four years from 1888.

Committee on Ethics—G. H. Smith, Cortland; W. S. Fish, Sherburne; E. A. Mayer, Owego.

Business Committee—F. B. Darby, Elmira; W. C. Stewart, Elmira; Wm. H. Hall, Binghamton.

Committee on Revision of By-Laws and Code of Ethics—E. D. Downs, F. B. Darby, A. M. Holmes.

Respectfully submitted,
MYRON D. JEWELL, Rec. and Cor. Secretary.

SEVENTH DISTRICT SOCIETY

Held its nineteenth semi-annual meeting in Buffalo, in conjunction with the Fifth, Sixth and Eighth District Societies, on October 26, 1887. The meeting was one of great interest and instruction, and all the visiting districts enjoyed the bounteous hospitality and new society rooms of the Eighth District Society, who had courteously invited them, and who did everything to make their visit

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profitable to the soul, mind and body. All felt well paid for the visit, and wished all the societies were as nicely situated in regard to society accommodations as the Eighth.

The Board of Censors reported favorably on two names—W. Frank Arnold, D. D. S., of Rochester, and Dr. B. S. Palmer, of Rochester, now in Chicago, Ill.

The twentieth annual Convention was held in Rochester, N. Y., April 24th and 25th. Two half days were devoted to the session, and the meeting was one of interest and profit. There were two papers read—one "The Facial Angle as a Guide to Making Dentures," by C. T. Howard, D. D. S., of Rochester, and the other "Crown and Bridge Work; Its Use and Abuse," by R. H. Hoffheinz, D. D. S., of Rochester, N. Y. Four useful and practical talks were given. The first was "The Bradley Plate," by Dr. J. Edw. Line, Rochester; Dr. A. Osgood his method of "Securing Correct Bites," followed by several others.

Dr. Frank French gave his experience with counter-sunk teeth.

Dr. L. C. Jones gave his experience with his obtunder of sensitive dentine, and also gave each member present a bottle of it.

Dr. C. T. Howard, who is pregnant with new things, gave all present some of his new plug finishing strips.

A resolution was adopted by the Society on the death of Dr. P. L. Stoddard, of Geneseo.

The reports of the Treasurer and Secretary were accepted. The treasury had a nice balance, and fifty dollars of its fund was appropriated to carrying forward the Sheffield suits, etc.

The Convention accepted the Fifth District's cordial invitation to hold its simi-annual meeting in Syracuse, in joint session with the Sixth and Eighth Districts (D. V.).

Notice was received after the close of the Convention that another of our members had been removed to the other world—Dr. W. M. Cutler, of Moravia.

The Censors reported favorably on the names of F. D. Adams, D. D. S., of Avon; G. H. Watson, Canandaigua; Dr. W. W. Smith, of Penn Yan, making our membership fifty. We had nineteen members present during the Convention and six guests.

Officers for the ensuing year are as follows:

President, C. T. Howard, D. D. S., Rochester; Vice-President, Dr. A. Osgood, Bath; Recording Secretary, W. Frank Arnold, D. D. S., Rochester; Corresponding Secretary, Dr. W. A. White, Phelps; Treasurer, Dr. J. Requa, Rochester.

Board of Censors—R. H. Hofheinz, D. D. S., Rochester; B. G. Saunders, D. D. S., Rochester; J. Edward Line, D. D. S., Rochester; Dr. J. H. Beebe, Rochester; Dr. F. A. Green, Geneva.

Delegates to State Society—W. W. Smith, term expires 1892; B. G. Saunders, D. D. S., term expires 1892; W. Frank Arnold, term expires 1889; J. W. Cowan, term expires 1889; C. J. Barber, term expires, 1890; C. Elmendorf, term expires 1890; W. A. White, term expires 1891; Charles T. Howard, term expires 1891.

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The following is a list of the active members :

ACTIVE MEMBERS.

F. D. Adams, M. D., Avon.
W. F. Arnold, Rochester.
C. F. Booth, Canandiagua.
F. D. Brown, Mt. Morris.
A. P. Burkhart, Dansville.
C. J. Barber, Auburn.
J. H. Beebe, Rochester.
J. A. Chase, Geneseo.
E. A. Clapp, Livonia.
J. W. Cowan, Geneseo.
*W. M. Cutler, Moravia.
C. Elmendorf, Penn Yan.
W. J. Emmens, Auburn.
F. French, Rochester.
F. A. Greene, Genevà.
B. S. Hert, Rochester.
R. H. Hofheinz, Rochester.
C. T. Howard, Rochester.
H. Jameson, Lyons.
L. C. Jones, Wolcott.
H. C. Knickerbocker, Seneca Falls.
B. F. LaSalle, Rochester.
F. H. Lee, Auburn.
J. Edward Line, Rochester.
G. L. McClure, Ovid.
H. S. Miller, Rochester.
A. Osgood, Bath.
B. S. Palmer, Palmyra.
A. Quigley, Auburn.
J. Requa, Rochester.
G. P. Reshel, Hornellsville.
R. Salter, Rochester.
J. E. Sandford, Rochester.
B. G. Saunders, Rochester.
W. W. Smith, Penn Yan.
*P. L. Stoddard, Geneseo.
E. Sweet, Canisteo.
W. A. Trescott, Fairport.
G. W. Tripp, Auburn.
H. C. Tripp, Auburn.
L. D. Walter, Rochester.
J. L. Weller, Honeyo Falls.
W. A. White, Phelps.
G. A. Watson, Canandaigua.

HONORARY MEMBERS.

F. E. Howard, M. D. S., Buffalo.
Maurice Leyden, Rochester.
P. K. Stoddard, M. D., Prattsburg.
J. S. Walter, M. D. S., Ashland, Oregon.
M. H. Smith, Colorado.

This report is respectfully submitted.

W. Frank Arnold, Recording Secretary.

EIGHTH DISTRICT.

14 Court Street, Buffalo, N. Y., May 8, 1888.

To the Secretary of the Dental Society of the State of New York :

Dear Sir : I herewith respectfully present the twentieth annual report of the Eighth Dental Society, as follows :

1. The annual meeting of this Society is held, as in past years, on the third Tuesday in April (next meeting April 16, 1889), and the semi-annual meeting on the last Tuesday in October (next meeting falling upon October 30, 1888).

2. Two meetings were held during the last year since the last report, the semi-annual occurring last fall, in which only necessary business was considered, and the annual meeting this spring. Both meetings were marked with the full degree of interest.

At the annual meeting twenty-eight members were present, and twelve visiting dentists.

Eight original papers were presented, and each was as fully discussed as time would allow. Considerable business of greater or less importance was also transacted.

* Deceased.

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3. The following officers were duly elected for the ensuing year:

President, F. E. Howard, Buffalo; Vice-President, M. B. Straight, Buffalo; Recording Secretary, S. A. Freeman, Buffalo; Corresponding Secretary, W. V. Grove, Buffalo; Treasurer, C. W. Stainton, Buffalo; Librarian, E. Eschelman, Buffalo; Censor for five years, C. S. Butler, Buffalo.

4. The following delegates to the Dental Society of the State of New York were elected for the term of four years, viz:

W. C. Proctor, of Gowando, to succeed C. W. Stainton, of Buffalo, and T. S. Phillips, to succeed J. Granger, of Mayville. Also, J. Granger, of Mayville, for the term of one year, to succeed F. E. Howard, of Buffalo, who had been elected a permanent member, and therefore resigned as delegate.

5. The active membership now includes the names of forty-four practicing dentists—one, Edward S. Jackson, of Olean, having been admitted; one, Lyman C. Squires, of East Aurora, having died; one, Angelo C. Lewis, of Buffalo, having been expelled for non-payment of dues; and two, Garrett C. Daholl, of Paris, France, and John B. Rawson, of Jamestown, having resigned, which includes all the changes which have occurred during the year just closed.

6. The condition of the Society is most encouraging and the future bright. The interest in its proceedings is all that can be desired.

The attendance upon the meetings is fully up to the average. The Society's treasury is sufficient for all demands upon it, and the library is established upon a firm basis.

7. The following preamble and resolutions were presented for the consideration of the Society at the last annual meeting, and unanimously adopted—to wit:

WHEREAS, The By-Laws of the Dental Society of the State of New York require that its proceedings shall be published and distributed to its members within four months after any regular meeting; and

Resolved, That this Society request the Dental Society of the State of New York to adopt some plan other than the present, whereby these transactions may be published in time to be of some practical value to its members.

Resolved, That the Secretary of this Society is hereby instructed to forward this preamble and resolutions to the Dental Society of the State of New York with his annual report.

All of which is respectfully submitted.

S. A. FREEMAN, Recording Secretary.
Eighth District Dental Society.

Dr. Line: I would say, in regard to the resolution of the Eighth District Society, that four reports have been issued in one year; that is, at the rate of one every three months. I beat the Eighth District Society by twenty-five per cent.

Dr. Howard: In relation to the resolutions offered by the Eighth District Society, I think Dr. Line misinterprets them. The object

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of that resolution was as presented there. It was considered by many of the members that the transactions were not gotten out sufficiently early. The copies of last year's proceedings were only delivered something like six weeks ago, and this was not offered on the part of Dr. Freeman, the former Secretary of the Society. It was done by other members. That was the sole object of this resolution.

The President: This is a very respectful communication to us on a very important subject. Do you wish to take action upon it?

No action was taken.

The Secretary stated there were no reports from dental colleges.

Dr. Curtis: I would like to refer to the Secretary's report again. I would like to ask, in regard to delegates to the State Society, can permanent members act as delegate members from District Societies? Is it constitutional to allow permanent members to represent District Societies at this Society meeting? The question has come up in the Fifth District Society on several occasions.

The President: If the matter was left to me, I should say that a permanent member was quite competent to act as a delegate. It seems to me it is a question of some importance. As it has come up in some of the district societies, some action should be taken that should not leave them in a quandary.

Dr. Jarvie: I would move that the matter be referred to the Committee on By-Laws, to report to-morrow; that the committee look into the matter and report to us.

Dr. Cook: It has been the practice of the American Dental Society to receive permanent members as delegates.

Dr. Line: I move that it be referred to the District Societies. It is for them to say whether they shall be represented by one man or two. A permanent member can be sent, of course, because he is competent. In that way we are getting all the competent men. They have the privilege and right to elect a permanent member as a delegate from that Society.

Dr. McDougall: I would say that a permanent member has a vote and also a delegate. If they be embodied in the same person, the Society loses a vote.

Dr. Wright: The Third District Society has about twelve active members, and I think nine out of the twelve are permanent members

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of the State Society. We are entitled to eight delegates, and it has been our practice to make our permanent members delegate members, to keep the list full.

The motion to refer to the Committee on By-Laws was then carried.

There were no reports from special committees.

The Board of Censors made a supplementary report through its Secretary, Dr. Frank French, as follows:

The Board of Censors having been informed by Dr. White, of Phelps, that the University of Maryland has signified its willingness to accept a benificiary from this Society, hereby recommend William R. Mills, of Lyons, for such position.

FRANK FRENCH, Secretary.

Dr. E. Parmly Brown: I move that two special committees be appointed by the Chair, of two or three members each. First, a committee to report at our next meeting, upon the advisability and best mode of procedure, for printing, for the benefit of the members of the dental societies of New York and New Jersey, of a delinquent list, to be furnished by the members, for their mutual protection. Second, a committee, to report at our next meeting, upon the advisability of asking for a law to protect dentists from dishonest patients, something like the hotel-keepers' bill.

Motion No. 1 was seconded.

Dr. Curtis: I would like to have Dr. Brown explain what he means by a delinquent list.

Dr. Brown: I can answer that. This has been talked over in New York city somewhat and been encouraged. For instance, I gave as an illustration to the New York Society, a case which came to my mind when speaking of this matter last year. Dr. Hudson sat by me, and he said, "Dr. Brown, you used to work for Dr. Valentine Mott's grandchildren." The grandchildren of Dr. Valentine Mott stuck me for $205. Then Dr. Hudson said, "You can put me down for $285." Now, if we had had that list—my case occured eight or ten years ago, and they got out of it under the "baby act;" since that the children were left $35,000 apiece, and I am left with nothing—if we had had that list; I should have had their names upon it for $205. Dr. Hudson, before going to work for my patient, would look at his little book and he would have seen their names down there and would have immediately called for an explanation,

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You can use that list if you wish or you need not. It is your warning. If you choose to do some good to your profession, you can say, as I would, "Your name is down here as owing Dr. Brown and when you pay him I will do work for you." If you do not wish to let them know you have got this book, you can say, "You are a new patient and I shall expect to be paid for this work as I go along." I propose, when this committee is appointed, we consult with the State of New Jersey, as the Jersey people come to the city of New York for work.

A member: What are you going to do about Connecticut? The one who is a member of the dental societies of those two States will have the benefit, and a man out of the Society will be deprived of the benefit.

Dr. Brown: Unless they come in they will get bit and we will be protected. A new list could be sent as a printed annual. That matter would be discussed at the next meeting, when the committee puts the matter in good shape for the action of the Society.

Dr. Cook: I heartily disapprove of the appointment of such a committee. Any one having money can go to certain firms—Dun & Co. and Bradstreets are large firms in New York—and they can find out who to trust and who not to trust. It seems to me that dragging this into the Society is wrong. I suppose the treasury is to pay for this list. One list would not suffice. We must have it year after year. It seems to me a very queer sort of a proposition to bring before a scientific body when there are commercial agencies. Are we a commercial agency?

The President: I give it up.

Dr. Brockway: I don't know as I will go as far as Dr. Cook has upon the consideration of this question, because I believe in giving each proposition a fair show. At the same time I must say I am thoroughly opposed to the whole business in this line. I think it is entirely derogatory to the dignity of this Society. All such matters of a commercial nature are entirely out of the province of this Society. I give notice that I shall oppose any such action upon the part of the Society, although I do not object to a committee being appointed if it is the sense of the meeting.

Dr. Fitch: Would it be in order to refer this question to the First District Society? It seems to me it is more for the benefit of that Society than the State at large.

Dr. Walker: I beg pardon; it comes from Flushing.

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Dr. Cook: Why should we include New Jersey? Why should they come here and ask us to do this? Let each State take care of itself. Here is a man from Connecticut. He might want his State included, and then the Western part of Massachusetts, and then Pennsylvania. Let us do the thing handsomely, if at all.

Dr. Brown: The medical professson have been standing pretty high on the question of ethics. They adopted this protection years and years ago, and they have what is known as a black list wherever they have a society.

Dr. Cook: That may be so. I am a member of a medical society, and this is the first I had knowledge of it.

The President: I would say that, although I have been badly stuck myself in the same way, which I would have been saved from if I had such a delinquent list, nevertheless, I am frank to say that such a proposition as that strikes me very unfavorably, and I question very much whether it would protect us. I do not wish to sit down on the matter in any way or prejudice it. I will now put the question to you whether you are in favor of Dr. Brown's motion.

Dr. Cook: I wish to say that there is just such a list published, for any man who wants to pay six dollars a year, in which the names of those who do not pay their bills are published monthly, and, I think, also annually. Of the whole United States—not of men who are not worthy of being trusted, but of those who do not pay their bills. Any man can be a member of that society, and he may send in for collection his delinquent bills, if he desires, for the sum of six dollars a year. That covers the whole ground as much as this bill would, and more thoroughly than we could do it. I speak from actual knowledge.

Dr. Atkinson: These things do not protect. They are full of lies. I know men who make no bills, and they are put down on that black list. I have had that list sent to me, and have examined it, to verify its reliability. A friend of mine, rector of a church, was put down on that list as "No good," and he makes no bills; pays cash all the time.

Upon being put to a vote, the motion was lost.

Dr. Brown called for a division of the house, which was ordered, and the motion was again declared lost.

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Motion No. 2 was then taken up.

Dr. Brown : I wish to say I do not ask the Association to act upon this. I merely ask to have a committee appointed, so that the matter can be put into shape, so that next year you can act intelligently upon it.

Dr. Holmes : This Society has a Committee on Law, or will have. I move the matter be referred to that committee, to report next year.

Dr. Brown : I will accept the amendment.

Dr. Brockway : I object to that, and shall vote against it upon the same ground as the other. I think it is a matter entirely out of the province and beneath the dignity of the State Society. We have sufficient laws now to protect us in collecting bills, the same as other people. I think it is quite out of the province of the soeiety, and shall vote against its references to any committee.

Dr. Cook : I want to enter my protest against that the same as I did before. I believe I understand Dr. Holmes. I think he considers a reference to a committee as killing the whole thing. If that is the design of of it, so be it. If not, I protest against it, as I did against the other.

Upon a division of the house, the motion was declared carried.

Dr. Pitts : Was that upon the amendment or upon the original motion ?

The President : The amendment was accepted by Dr. Brown.

The President : I wish to make a statement to you, gentlemen. We have in New York, or have had the last two winters, a number of gentlemen who have held positions upon the standing committees. The committees that were appointed two years ago, and a year ago, were appointed somewhat with reference to their peculiar abilities to fill their respective positions—for instance, the chairman, and perhaps a second member—and they were also appointed so as to be within easy reach of New York city. There was no reflection cast, or intended to be cast upon any member in the interior of the State in that choice. The object was that the President should have abundant opportunity to consult with these gentlemen, who really represented the State Society as much as he did ; so he tried to be a little facetious when he called those gentlemen "his cabinet."

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During the past year these gentlemen have mét two or three times, and have talked up, among other things which they felt would interest the Society, the subject of some celebration of this, our twentieth anniversary. It was their feeling and opinion that it would be a very proper scheme to close our meeting with a banquet, but rather than assume the position of dictators or of positively saying it was best for the Society to have such a banquet, they thought it fairer and wiser to send out some "flyers," and I think a postal card was sent, or was intended to be sent to every permanent member, and every delegate member of the Society, asking their opinion in the matter. It was worded so there could not be much mistake about what we had in view. As a result of those inquiries, I think seventy-eight answers were received; between sixty and seventy were in favor of such a banquet. Over three-quarters of those in favor of the banquet, were in favor of its being paid for by individual members of the Society; that is, each man should pay for his own dinner. That was just the condition in which the matter was for a time, but upon the near approach of the day of meeting it became necessary for some one to assume the responsibility and take some action; because if some fifty members signified their desire for a banquet, and really wanted a banquet, it couldn't be gotten up within the twenty-four hours after we got here. These gentlemen, acting in that capacity, have gone as far as this: that they have engaged with the proprietors of the Delavan House to-morrow afternoon at three o'clock to dine us. I think, under the circumstances, it is eminently proper, if you wish, to take some action upon this matter, and do just as you choose about it. There is no intent or desire on the part of these gentlemen, who have acted in good faith, to cram anything down your throats. I would like to have you consider this. Would you like to have a banquet as a part of the anniversary exercises at this time? If you decide you do not want a banquet as a part of the anniversary exercises, then it is a private matter. If you desire to have it, then say so. I would like to have you consider this matter, and act upon it as you think best.

Dr. F. French: I move that a committee of three be appointed, to report at the afternoon session, upon the question of a banquet.

Dr. Hart: I hardly think it necessary for a committee to be appointed. There are enough members to say whether they want a dinner or not. If a dinner is wanted, then a committee can be appointed and the dinner prepared.

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The President: I would say, in answer to Dr. Hart's remarks, that it is only a question whether the committee will report that it is desirable for the Society to take it up or not. Whatever the report of the committee is, the Society can adopt it or vote it down.

Dr. Jarvie: My objection to referring it to a committee is that it can not be known until late in the afternoon. We can voice the sentiment of the Society in a very few minutes. The committee could not tell us any more at three o'clock than we can tell now.

The President: I will not press the question as to a committee.

Dr. Baxter: I think it is necessary we should decide it now, that we may know the members who will be present, as it can not be gotten up in a few hours.

Dr. Rhein: I would move that when we adjourn on Thursday, the Dental Society of the State of New York adjourn to the Delavan House, to celebrate its twentieth anniversary by a banquet.

Dr. French withdrew his motion, and the motion of Dr. Rhein was duly seconded.

Dr. Green: I would like to move, as an amendment to Dr. Rhein's motion, that all members who partake of the banquet pay their proportionate share.

The President: Let me say, further, it was really necessary to take some steps in the matter, whether this be a Society matter or an individual dinner. Those steps have been taken by Dr. Baxter. He has already made some arrangement, so that a dinner shall be given to-morrow afternoon at three o'clock. Dr. Rhein's motion, then, would be that when this Society adjourns to-morrow it adjourn to attend a banquet at the Delavan House at three P. M., and that the members who partake of the banquet pay their pro-rata part of the expense.

The motion as amended was then carried.

Dr. Rich: I would move, as Dr. Baxter has taken the preliminary steps, that all who wish to partake of that banquet, send in their names, that he may know how many will be there.

Dr. Line: There are two committees yet to be heard from.

The Committee on By-Laws reported they had no report as yet.

The Secretary presented several bills, which were referred to the Committee on By-Laws.

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The President appointed Dr. Race to fill the vacancy existing in the Committe on By-Laws.

The President then presented the diplomas of the Society to those who were reported as having passed the examination before the Board of Censors, saying:

GENTLEMEN: I would not pass through the ordeal you did yesterday for a thousand dollars. I could not do it. Perhaps I knew enough once, but I don't know enough now. I might have at one time had that knowledge, but in the course of time the memory weakens, and much that a man may have known before passes from him. That is the reason why I say I could not do it. I congratulate you that you have passed through what I believe to be the most trying ordeal in the way of an examination to prove your ability to practice dentistry that you could possibly be subjected to by any examining board in the world.

The propriety of the State Board passing upon the qualifications of candidates, and conferring upon them a degree, has been disputed.

The denial has come from the dental college faculties, who arrogate to themselves the right to alone confer dental degrees.

But this Society believes that its degree is of a higher order than the graduation degree of the colleges. It is the Master's degree, and bears the same relation to the College degree that the degree of A. M. holds to the A. B.

The degree of Master of Arts is conferred by the learned institutions of the world upon those who pass an examination in a prescribed course of study, irrespective of where that study is pursued.

Ours is the Master's degree, and it matters not *where* you obtained your knowledge; it is upon your *possession* of that knowledge, as determined by these examiners, that entitles you to its diploma, and not the locality within which you obtained it.

Many of the best and most liberal-minded thinkers of our times, mantain that any one who can pass the examinations of an institution empowered to confer degrees, should be so entitled whether or not he has passed its curriculum of study. I have leaned to that view myself.

The history of our profession shows that it has not been necessary for a man to pass a curriculum within college walls for him to reach the highest pinnacle of professional attainment.

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If we examine the list of those who have received the degree of M. D. S., we shall find the average of skillful practitioners above the average of those who have received their degree from dental colleges. There seems to be on the part of some dental colleges, who know but little of our ways, the idea that we are a rival body, granting and conferring degrees in opposition to, or in competition with them. There was never a greater mistake. They have even called our Board of Censors a "whitewashing board."

When I refer to the Board of Censors as a "whitewashing board," you smile. You know you were not whitewashed yesterday. You know that you earned the degree which I am happy to be permitted to confer upon you in the name of this Society. I sincerely hope that you may show that all I have said in reference to the standing of those who hold this degree now, will prove perfectly true of yourselves. With this diploma which I now hand each one, you become Masters of Dental Surgery.

The Committee on Business reported the programme for the afternoon session.

The President: Before adjourning, I would say that all visiting dentists have the privilege of the floor, except on matters of the business of the Society.

Adjourned to three o'clock P. M.

FIRST DAY—AFTERNOON SESSION.

The meeting was called to order by the President, and the minutes of the morning session read by the stenographer, corrected and approved.

The President announced that "Incidents in Office Practice" was the next order of business.

Dr. Ottolingui: I wish to relate an incident of office practice, because of the benefit it was to me. Since I first commenced practicing, I have paid a great deal of attention to the matter of sensitive dentine; and, after trying various preparations and finding nothing would answer except in one or two cases, I adopted the method of giving my patients gas, and controlling extreme cases in that way. But I met with a difficulty one day that I could not cure by that method. It was a case where a patient had a tooth so sensitive that she fainted in my chair when I used a little Spunk to dry out the cavity. I proposed gas, but she had such a prejudice against it, it

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was impossible for me to persuade her to allow me to use it. The tooth was so sensitive that I could not even put in a temporary filling, and I was obliged, for the first time in my practice, to permit her to go away without relief. I then commenced to consider the different methods known to me, and others which were given to me, in hopes of finding something better than what I had. I found that hot air forced in was very good, and that chloride of zinc was perhaps the most useful of all other remedies. I could only see one action in common with the two remedies, and that was dehydration. I wondered how the dehydration would give relief, and I come to the conclusion it was from action upon the dental fibres in the canaliculi; that it was an absorption which would allow the fibres to slightly contract. As soon as I came to that conclusion, I thought anything that would cause those fibres to contract more would aid me in getting at the desired result. Acting upon this idea, I sent for my patient, and, in the hope of being relieved, she was willing to suffer a little pain, and, by blasts of hot air, I succeeded in getting the cavity in the tooth dry. In order to accomplish anæsthesia, I used an Ether spray. The end justified the means, because I was enabled to cut that tooth for five minutes and fill it with gold. Since that time I have performed operations in every kind of difficult cases coming into my office—over seventy—and I have not found a single instance in which I could not control the trouble, and have the patient say that, while the Ether was somewhat painful at its first application, he hoped I would never adopt anything else. One point should be noticed: you must put on your rubber dam very carefully, because Ether is very unpleasant in a patient's mouth, and you must guard against allowing the Ether to get into the eye. In order to prevent its entering the mouth, I use a piece of Spunk, holding a portion of it in close vicinity to the tooth. In my cases it has been so pleasant to my patients, and so beneficial to me, that I could not refrain from letting every one know about it.

Dr. Brockway: I made the discovery for myself several years ago, that if a tooth was made very dry and kept so, sensibility was very much diminished. I employed that method for some time with a great deal of success, but I do not employ it now as much as formerly, for the reason that I have sometimes fancied that the chip dust blown out of the cavity was somewhat prejudical to the use of cohesive gold. Whether there is anything in that I am not sure, but latterly I have been in the habit of preparing my cavities in

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this way. I have my student inject a stream of water upon the burr when I am cutting. By this means one can cut more rapidly without the burr heating, which produces the most of the pain. The burr is also kept from clogging up. Of course, where that method is employed, it is not possible to depend upon the dryness of the cavity. However, I have sometimes made use of that method. I moisten a suitably-sized piece of cotton, or bibulous paper, with chloroform, and lay it in the cavity; and I find by doing so that the sensibility is very much diminished—whether by the actual effect of the chloroform upon the tooth, or from the same anæsthetic effects as is produced by inhalation of the chloroform, I am unable to say. It has certainly worked admirably in many cases, and it strikes me it is a more direct and simple method of managing these cases than that described by Dr. Ottolingui, although I am of the opinion that the method of which he speaks would produce the result desired.

The President: I spoke this morning of putting certain questions to several of my confreres. One was "What is the most vital question in dentistry?" Isn't this question one of the most vital of those we have to consider? Is there anything that gives us more satisfaction than how to relieve a patient from pain when suffering under the excavating of a tooth. I would like each gentleman to give his experience, and state what they do under similar circumstances. If we can discover anything to relieve pain, it will be more important than any other thing we can do.

Dr. Green: I have been quite successful with these difficult cases, by letting the patient have four or five breaths of chloroform. I have a wide-necked bottle, in which I put absorbent cotton and a little chloroform—not enough so that if they should get it all it would make them insensible. When I turn from the chair to get an instrument I direct them to take a breath or two. A lady who came into my office a few days ago said, "If you want to give me chloroform, I want you to do as you did with my sister. She said it was a great benefit to her."

Dr. Jackson: I think we should endeavor to come to some systematic understanding as which is the better method—the wet or the dry. In other words, whether to dehydrate the pulp or anæsthetize it. I think the latter difficult to accomplish, unless very highly organized. In the dry method we do it by the extraction of water. That is done sometimes by the use of liquids that have a great affinity for water, like glycerine or alcohol—in fact, anything

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that has an affinity for water. I take the ground that, in the use of chloroform and ether, the result is gained by dehydration, and it has its effect in that way. Extracting the fluid portion by heat, or by any agent having an affinity for water, would have the same effect, and would be a proper way of treating sensitive dentine.

Dr. Palmer : I will not add anything to what has been said as to the agent used as an obtunder, but there is a limit to the use of obtunders. In a tooth that is so highly organized as to cause the pain mentioned here, I regard it an operation of great danger to insert a large gold filling. If an obtunder be used to render the operation possible, the tooth will return to its original sensitive condition. Thermal changes bring about a condition that renders it exceedingly dangerous to fill during that period. If we had a perfect obtunder, we could do better. In case a tooth was not sufficiently calcified, I would rather insert a gutta percha filling, and rely upon nature to restore a normal degree of sensitiveness. If we know a tooth is sufficiently dense to withstand thermal changes, such treatment may be resorted to with comparative safety. The use of imperfect obtunders has caused the loss of many teeth.

Dr. Holmes : I took some pains to test the sensibility of teeth, by raising the temperature to some hundred degrees, by using a hot air blast, and gradually increasing the heat till I had brought it up to a given standard. I then used a rubber dam, and went into the cavity with carbolic acid. In most cases the patient could endure the gradual increase of heat, and when that was the case I invariably relieved the sensitiveness. I have had better success with hot air in connection with some agent like carbolic acid, than with anything else I have ever tried.

Dr. Rhein : The method spoken of by Dr. Ottolingui, I really think worthy of being looked into. I gave it a trial on two different patients since I heard him relate his method of anæsthetizing sensitive dentine, and I have been very successful indeed. I will merely tell the gentlemen that, at the First District Dental Society's clinic, in New York city, in June, Dr. Ottolingui proposes to give a clinic on his method of obtunding sensitive dentine. It would pay any man to see this system thoroughly demonstrated. He says he will anæsthesize any sensitive dentine that is brought to him there. I hope those gentlemen interested in the subject, as we all are, will avail themselves of this opportunity.

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Dr. Hart: I would like to inquire if there is not one point of danger—that is, the sudden vaporization reducing the temperature so low as to destroy the vitality of the pulp.

Dr. Ottolingui: I do not believe it is anæsthesia, as we term it. So far as the pulp is concerned, my experiments answer the question of Dr. Hart and agree with Dr. Jackson. I have endeavored to use spray to control the sensitiveness of the pulp to such an extent that I could remove it. Even if you use two ounces of ether, you would not produce the result. The effect is caused by volatilization, because everything that is broken sharply will cause less pain than when cut slowly. A dull knife will cause more pain in cutting than a sharp one; therefore, we stiffen up the fibres, and avoid the danger of reflex action. I think if we are competent operators, there is no danger in using obtunding agents. I think it may be true that it is dangerous to insert a gold filling under such circumstances. But we are not obliged to fill with gold. We can put in a temporary filling, or we can cap the dentine and put gold on the outside. All the remedies suggested will undoubtedly act sometimes. I have only used this in test cases, and there has not been a single failure. Therefore I think it worthy of experiment. I have been very successful in the treatment of teeth where there was no cavity at all, principally bicuspids, where recession of the gums existed, and the parts somewhat sensitive.

Dr. Line: I would like to state, more to put it on record than anything else, that there is an excellent substitute for cocaine that many favor as an application to sensitive dentine. It is a new alkaloid recently discovered. I think it was introduced at an odontological congress at Heidelberg. It can be used on other parts than the eye, but if used on the eye it should be preceded by cocaine, because of the irritating effect of this new alkaloid. It should be used in weak solution, such as would correspond with cocaine and it will answer the same purpose and is much better. It may not be of any great value, but so far it has helped over rough places.

Dr. Green: I would like to ask if the method of using Ether spray has been practiced long enough to demonstrate whether it injures the teeth or not? There are agents which we all know will obtune sensitive dentine, but are not considered safe to use.

Dr. Ottolingui: I can only report what I know and leave it to your judgment. My first case was the one I narrated, and it occurred

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a year ago. I have seen the patient recently and she has had no trouble with the tooth, nor have I had any trouble with other teeth during that time.

Dr. Wheeler: What is the temperature?

Dr. Ottolingui: I keep raising the temperature. Teeth of a high degree of sensitiveness first make themselves known to the patient by being sensitive to the cold and heat. After drying in the manner described I have no trouble.

Dr. Green: I believe Dr. Richmond has a patent, whereby he adjusts the rubber dam, sprays the tooth with Ether, and then cuts it off without pain. I do not believe, if a tooth is frozen enough to admit of its being amputated without pain, that the pulp will be left in a healthy condition. I have read of a person who had a good deal of trouble with a tooth, due to exposure to cold. He went to a dentist who said the nerve had been frozen. I wonder if that is possible. If we use Ether spray is there no danger of getting too low a temperature?

Dr. Atkinson: We can have no better demonstration of the great need of a professional body, than to listen to such a discussion as this. It is very hot to-day, and as I have my winter under-garments on, I would ask the privilege of taking off my coat. I am always delighted to have this conversational method of instruction occur in a body of interested investigators after the truth. We can see that hardly any one of us has the same standard of understanding the circumstances brought to his observation. One has a yard stick in his hand and measures according to his own yard stick, and when we find some of these men have called a distance a millimetre and some a mile, we are surprised at the differences in the conceptions of those men.

The idea of dehydration; the taking away of water; it is done either by cooking or freezing; either by excessive heat or the deprivation of heat. It is heat that does its work no doubt, in different ways; that we get at the foundation principle; that we understand its economic phsycologic meaning. We get this effect by producing a coagulating of that part of the nerve—neurine—that part which produces what we call pain or sensibility. From the days of Rigolin down, freezing has been known. You do not know how to use Rigolin. If you put on a rubber dam you can use it without having any mischief occur. When in Canada, we used to see the

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boys come in with a white spot on their nose or face, and would say, "don't go in," and we would rub the frozen portion till it was made red and he safe. That is the key to the whole subject. *How do things act?* What do I mean by a thing? If you will only trace it back you will find it so small that almost any one will be surprised. Heat is motion. So it will be if you run it to the lowest point of its analysis, where we can catch it, and yoke it, and use it.

What is sensibility? It is an impact adverse to the true nutrient action of the neurine—the conducting element of the nerve. If you follow me you will see that anything that will prevent that impact, will render insensible the territory which has been involved in the crystalization, because everything in that form means a crystal. Some one said if it was deadened enough to cut across we could do it without injury. I would never destroy a living pulp, but I would protect it by a little balsam of fir that had been almost reduced to a state of resin.

We should be fraternal in the interchange of our ideas, and we should keep within the limitations and not go beyond. We should be pooling our best efforts and not rebuke a man because he makes six mistakes out of ten when we have made nine out of ten.

A member: I would like to ask if the Ether affects the flow of the blood?

Dr. Atkinson: If it had been chilled, it would have been stopped. If the gentleman who asks the question would only pursue the same line of reasoning, he has got his answer. If you were to ask me I should say it was a hyper-oxydration of the hydrate of carbon that would produce a pellicle on the outside. If there is no disposition in the pulp chamber to act as a suction on the general circulation and to invite more blood into the root, a healing process would go on.

Almost everything we have used as a disinfectant, or as a purifier, or as a anti-ferment, has been a heater, with coagulent results Permanganate of potash leads to what result? When that is put in the pabulum, it causes what? It coagulates it and then you have got a clot so that proliferation can go on by a method that has only lately been revealed to us as a reproduction of the tissue.

Let me make a recapitulation of the men of brains who have no heart in their brains. There are so many men without any heart in

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their brains, without any love element. We have so many who want to be so very correct. We should have that divinity in our heart that so overshadows ourselves that it will creep over our patients and we will have a sympathy with them, if we are true professional men. It is the heart that rules the intellect and causes the feeling that we call love or affection. We do not know enough of what the result is going to be to the patient, we think only of how much money we will get for it.

The Committee on Practice reported through its Chairman Dr. Rhein.

REPORT OF COMMITTEE ON DENTAL PRACTICE.

The past year has been prolific in material for your Committee. The meeting of the International Medical Congress, furnished a stimulus to which is due in a large measure the many advances made in our practice. When a patient turns over to our care the welfare of his dental organs, what is our first duty ? Put them in a condition of cleanliness ; for this is absolutely necessary before, in the majority of cases, a true conception can be formed of what work is demanded. For the removal of calcareous deposits the dental depots are flooded with instruments, but the profession are somewhat divided on the merits of two systems, the push and the pull. Now your committee believes in both of these methods ; whenever the instrument does not come in contact with the gum, the push method is generally to be preferred ; but as soon as this style is used under the gum, it produces unnecessary laceration of the parts and danger of portions of the deposit being lost among the pericemental tissues, and later starting up an irritation as foreign bodies. It is here that the pull instruments are so efficacious ; for with them there is no excuse for losing any of the deposit or lacerating the tissues unnecessarily. The pull form of nstrument should terminate with an acute angle but a trifle removed from a right angle. Unfortunately nearly all of them have perefect right angle terminations sometimes even tending to obtuseness. The instrument should be of the best of temper, having a delicate termination and the edge always in good condition, so that when by carefully inserting it under the border of the deposit a moderate pull will always cause it to come away. The cutting end of the instrument, whenever feasible, should conform to the shape of the tooth. Notable instruments of the pull class, are found in the Bayliss and Abbott sets, and of the push style, in the Cushing and Atkinson forms. Having removed all the calculary deposits the polishing with pumice powder comes next. The wetting of this with Hydrogen Peroxide instead of water has been found of great value. Brown's metal strips with moistened pumice, stand unrivalled for polishing approximate surfaces, but should always be supplemented with floss.

We have heard very little during the past year of the Herbst method of filling teeth. The great danger of ultimate defects around the enamel margins has caused the abandonment of the method by many of its former advocates. On the other hand, the beautiful adaptability of the Wolrab gold in lining

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cavity walls has been of inestimable benefit to us in so much as it has put all our gold manufacturers on their mettle; and to Mr. Williams we award the palm of eclipsing the Wolrab gold in his late production, Crystalloid Gold. The mallet, however, still reigns supreme, either in the shape of the electric, engine, automatic, hand, or the very recent production of Dr. Bliven of the pneumatic, which is the very closest imitation in form of blow to the electric.

The past few years has finally settled the fact that in all approximate fillings complete contour restoration must be made so as to insure the best practical results; and all separations are to be avoided and condemned.

The proper use of alloy fillings has received a great stimulus of late. Your Committee can not condemn too severely the habit so many practitioners have of slapping in an amalgam filling in a manner that says plainer than speech: anything will do here considering the price to be paid. The use of copper alloy has been largely advocated during the past year. Its great objection is its extreme blackness which is always an unpleasant thing to see in any mouth. Equally good fillings can be made of the light colored alloys if they are properly inserted and finished. Having first adjusted the rubber dam, prepare the cavity as carefully as for gold. Then weigh the alloy and mercury and mix it thoroughly in a mortar, being careful to have it soft enough if contour work is needed. Pack in small masses with the rotary method and when sufficient amalgam is inserted, take small pieces of gold foil, No. 1, and after annealing burnish them lightly over every exposed portion of the filling. The gold will be entirely taken up by the excess of mercury and disappear, leaving perfect edges and a finish, the color of bright steel, which will take as fine a polish as a gold filling.

The immediate separation of teeth has been very much encouraged by the admirably constructed separators introduced by Drs. Perry, Parr and Morey. While of inestimable benefit at times, great harm has been done by their improper use.

The use of the matrix has been very much increased of late, so that to-day it is a necessary adjunct of every dental office. It is, however, a standing menace to the future of operative dentistry. The beautiful restorations of our Varneys and Webbs will soon pass away and be looked upon as a lost art if the matrix is not kept from the hands of dental students. It is one of the rocks lying in young men's paths which will surely wreck them if not avoided. Many of our experienced practitioners have discovered that the place for matrix is limited if a perfectly constructed filling be the object. To Drs. Jack, Brophy, Guilford, Woodward, Miller and Herbst we are indebted for our best patterns of matrices.

Fillings when completed, so as to thoroughly restore the natural contour, should be given an enamel finish.

For restoring cutting edges of teeth, gold and platinum combined, is our best substitute.

Outside of amalgam, plastic fillings are to be deprecated, except for temporary work in tiding over certain periods in the mouths of young people, for the capping

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of pulps. Since our present method of so successfully treating pulpless teeth has come into use, many practitioners have not attempted the task of saving exposed pulps in teeth of matured formation. The Morey drill has been of great service in this line. By the use of Cocaine Hydrochlorate, there need be no pain of any consequence. The root or roots being thoroughly cleansed are syringed with a solution of Mercuric Bichloride in Hydrogen Peroxide (one grain to the ounce) thoroughly dried with hot air, bibulous paper cones or the galvano cautery. A few fibres of cotton wound around a delicate broach and covered with chloro-percha solution is passed through the entire length of the canal giving the very dry sides of it an opportunity to suck in the solution. A solid cone of gutta percha is then forced to the end of the root and packed home with chloroform and over this a small amount of oxyphosphate is placed and the tooth is ready for permanent filling, everything being performed in one sitting.

In Materia Medica, Hydrogen Peroxide and Mercuric Bichloride have thoroughly displaced Carbolic Acid and Creosote, accomplishing the additional benefit of ridding us of these vile odors. Cocaine has found a permanent place in our cabinet and Antipyrine is looming up as a very serviceable remedy in controlling neuralgic spasms. We have not yet discovered a specific obtunding agent for sensitive dentine. In this direction Dr. Ottolengui has recently reported some very wonderful results, reporting no failures in about fifty cases. The method of procedure is to use an Ether spray directly against the dentine, having first thoroughly dried the cavity with hot air blasts.

For using our remedies we very frequently have to find recourse to the Hypodermic Syringe, a form of which lately introduced by Dr. Dunn, of Chicago, is a great improvement, where no great force is required. The atomizer and spray are also in general use.

The treatment of Pyorrhoea Alveolaris has made rapid strides during the past few years, and to-day is no longer recognized as a legitimate excuse for the general extraction of teeth. Seeing that the teeth are clean, which means a great deal, is the first step. Then follows the treatment of thoroughly washing out the pus pockets with a germ destroyer for which purpose nothing surpasses the Mercuric Bichloride and Hydrogen Peroxide mixture. This is immediately followed by strong stimulating treatment, as a paste made from Carbolic Acid and Potassa; and to follow this with a soothing dressing of Glycerine and Tannic Acid is in most cases all that is required. The most difficult types of this disease to treat successfully are those where the roots have lost a large portion of their attachment, for in these cases excessive motion prevents all attempts of nature at reproduction of tissue. The Chairman of your Committee has successfully demonstrated the fact, that in these apparently incurable cases, all that is required is to assist nature by holding the teeth in an immovable position, when reproduction of tissue is as certain to proceed as in the milder forms of the disease. The binding wire and all forms of ligation are not only uncleanly and too temporary, but permit a certain amount of motion which in these aggravated cases is just sufficient to prevent the permanent adhesion of protoplasmic formations. To insure success, unite a sufficient

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number of the teeth permanently together and the desired object is attained. The case presented before the First District Society in January has since steadily improved, and we trust to show the same at one of the clinics next winter. Since then we have performed the operation on two other cases with equally gratifying results. We have also received communications from various men who have adopted this treatment successfully, so that we can at this day safely recommend it as the proper method of treatment of the severest types of Pyorrhoea Alveolaris.

Implantation of Natural Teeth has received a great amount of attention during the past year, and many are to-day extensively engaged in the practice. The present outlook is however very gloomy as to its becoming an operation of any permanent value. We have heard its wonderful success heralded all over the country, but in truth there can be no permanent success recorded in so short a time; even in the wonderful result portrayed in this month's **Cosmos* by Dr. Curtis of your Committee, Dr. Black has shown that the ultimate dissolution of the root substance has commenced. Already the numerous failures of many reported complete successes demonstrate that the end of the illusion is approaching, and the operation will soon be a thing of the past. The microscopical examination of the tooth removed from Dr. Younger's mouth, also reported in this month's *†Cosmos*, clearly demonstrates that in this case absorption had taken place similar to that which we find in the shedding of a deciduous tooth.

At a special clinic of the First District Society held on October 15, 1886, Dr. W. J. Younger implanted an inferior central incisor in the mouth of Dr. C. L. Andrews. This tooth has since been under continued observation by the Chairman of your Committee. It became very firm soon after being inserted, and changed its color to conform to the other teeth, as they all do. It was a typical case of success, and we have seen many experts deceived in picking out the implanted tooth. Dr. Andrews, a dentist himself, felt quite proud of the result, and everything pointed to a long continued usefulness of the new member of his inferior maxilla. But about September, 1887, he first noticed that the tooth was getting a little loose. This he attributed to an injury received in eating corn, and ligated it and gave it every attention; but it grew from bad to worse until, on February 21, your Chairman extracted the tooth and immediately placed it in a weak solution of chromic acid. It was at once taken to the laboratory of Prof. Carl Heitzman, and left with him for microscopical examination for the benefit of the report of this committee. Prof. Heitzman gave the specimen his careful attention, and returned to us four of the best sections, and India ink drawings of two of them ready for publication. His report of the specimens is as follows:

"NEW YORK, April 8th, 1888.

The root of the implanted tooth which you brought for examination a few weeks ago, appeared to the naked eye reduced to about one-third of its original size. The reduction was caused by deep erosions and irregular cavities that have replaced the original tooth tissues, viz: the cementum and the dentine.

* Dental Cosmos, May 1888, p. 303.

† Vide p. 339.

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After the tooth had been softened in a chromic acid solution, the root was cut into thin slabs, and the appearances, under the microscope, were as follows:

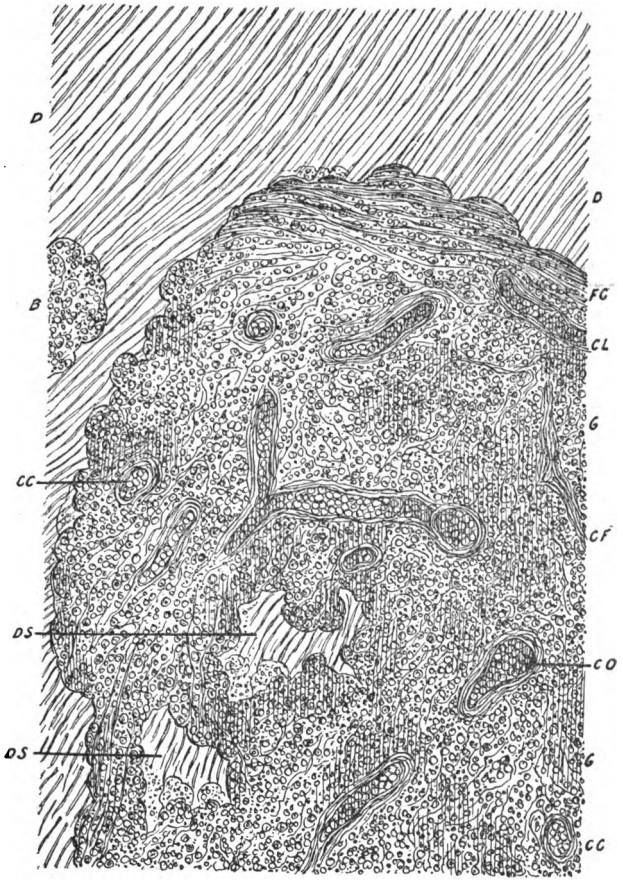

FIG. 1.

IMPLANTED TOOTH, ANDREWS'. EXTRACTED AFTER 1½ YEARS x 150.

DD—Dentine of root.
B—Beginning formation of bay-like excavations.
DS—Shred of dentine, detached and corroded.
C—Calcareous deposits in granulation tissue.
GG—Granulation tissue myxomatous structure.
FC—Fibrous connective tissue filling the flat bays of the dentine.
CL—Capillary blood-vessel in longitudinal section.
CC—Capillary blood-vessel in transverse section.
CF—Capillary blood-vessel in formation.

The dentine is corroded almost around the whole periphery of the root. Only in one place can a trace of cementum be seen. The bordering line of the dentine, toward the excavations, is fluted and made up of crescentic lines,

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corresponding to bay-like excavations, which follow in varying sizes in large numbers. The dentinal canaliculi, in which the dentinal fibres are still recognizable, terminate abruptly along the concave borders of the bays (see B, Fig.

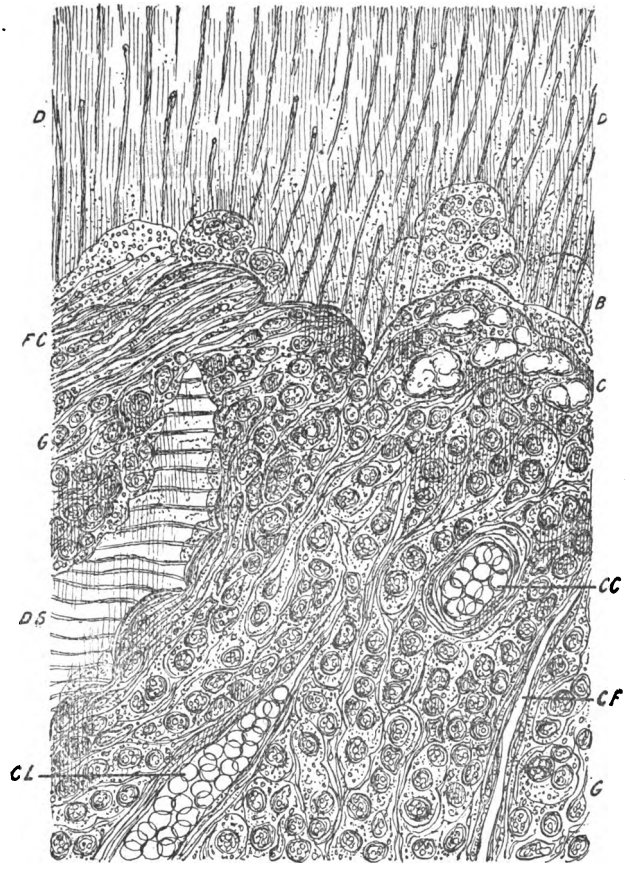

FIG. 2.

IMPLANTED TOOTH, ANDREWS'. EXTRACTED AFTER 1½ YEARS x 500.

DD—Dentine of root.
B—Bay-like excavation in dentine, near corroded border.
DS—Shreds of dentine, detached and corroded.
FC—Fibrous connective tissue, filling the flat bays of the dentine.
GG—Granulation tissue of myxomatous structure.
CL—Capillary blood-vessel in longitudinal section.
CO—Capillary blood-vessel in oblique section.
CC—Capillary blood-vessel in cross section.
CF—Capillary blood-vessel in formation.

II). Here and there apparently closed spaces of varying sizes are seen at the eroded borders of the dentine. Both the small and large bays and the spaces

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are filled with a myxomatous granulation tissue (see G. G.) in which numerous partly wide capillary blood-vessels run, mostly filled with blood corpuscles (see C. L.) In places where the bays are shallow a delicate layer of fibrous connective tissue is seen attached to the dentine (see F. C.) The myxomatous tissue holds in many places globular masses of lime-deposits (see C. C. Fig. I.); and in some places are seen debris of dental tissues (see D. S.), with irregular, eroded contours, still holding dentinal canaliculi, and obviously having escaped dissolution. Along one surface the bays appeared to be filled with coagulated serum, in which blood corpuscles and isolated medulary corpuscles were suspended; here evidently hemorrhage had taken place, immediately before the removal of the tooth, that led to the destruction of the granulation tissue. The pulp chamber is lined mostly by primary dentine; a small portion, however, shows the formation of secondary dentine of the ordinary variety, with scanty and irregular canaliculi. Both the primary and secondary dentine border the pulp chamber with globular masses, pierced by dentinal canaliculi, but showing nowhere excavations like those at the periphery of the root. Toward the apex of the root, where the corrosion of the dentine is most conspicuous, the pulp chamber has disappeared, and the dentine is eaten away to such an extent that only thin ledges of it are seen. The process that has led to such an advanced destruction of the root is the same as that which brings about the absorption and destruction of the roots of temporary teeth.

(Signed) DR. C. HEITZMAN."

Other forms of oral surgery, such as treatment of antral abscesses, alveolar abscesses, removal of carious and necrosed bone, for the relief of facial neuralgia are all receiving more attention in dental practice than formerly. Special surgical instruments, fitted to the dental engine for the purpose, are now to be found in the majority of dental offices.

Prosthetic Dentistry is not backward in the grand progress made by our profession. One fact has, however, deeply impressed itself on the minds of your committee. The very best sentiment of the profession has been loud and definite in its decision, except in extraordinary cases, that non-conducting materials should not be used as a base for upper dentures. While the upper celluloid and rubber plate has been so severely condemned, its manufacture seemes to remain just as extensive, and the consequent detriment and injury to the public just as great.

Bridgework, where justified, has come into very considerable favor. It is, however, a subject of great dispute in the profession to-day. Like everything of value, it is overdone. The dentist who believes that there is but one and only one perfect method of bridgework, is like his opponent who condemns the use of bridgework in toto. The one sees his bridge as the only panacea for every one who comes along, the result being he does more harm than good. The other sees only the cases which have resulted in disaster, consequently he condemns the entire procedure. Of all operations in dentistry, nothing demands such a height of perfection in the workmanship, as a properly constructed bridge. How few of them possess it; and as a result, we see so many people going about with mouths so foul in odor that all their friends prefer to keep them at a distance. The so-called cleansing spaces of bridgework, are a

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delusion. The teeth must set firmly against the gum, and the palatine or lingual contour should be perfectly developed. Where practicable, nothing surpasses the porcelain bridgework of E. Parmly Brown, properly inserted. Your committee has seen an expert deceived in picking out the bridge from the adjoining teeth. Its permanency has been tested for some years and not found wanting. With our improved continuous gum furnaces, the manufacture of these bridges has become very easy.

In crown work, every passing day brings its changes and improvements from the simpler forms of crowns like the Logan and Brown, to the more difficult ones backed and contoured with gold. Like its more complicated fellow bridgework, an imperfectly placed crown soon has much trouble in store for the poor patient doomed to wear it, and we may be pardoned for changing an old saying into "heavy the root that wears such a crown." The pus-laden pockets, blind and fistulous abscesses by the thousand, cry out against such debasement of a noble work.

Labor saving devices in the shape of electric, water, gas and condensed air motors are in very extensive use; but for many who cannot make use of these means, a great boon has been received in the rubber wheels, rims and foot-pads for the dental engine devised by Dr. C. S. Wardwell.

The report of your committee is necessarily but a mere synopsis, but it is hoped that the points touched upon will lead to a discussion which will be beneficial to our society.

The President: Gentlemen, that is a model report, and I congratulate the author. That report is full of meat. In other words, it is full of "nuts" that would take a week to crack and eat if you took them up seriatim. I hope you will pay the author the respect he is entitled to, for the vast amount of labor spent in preparing it, by an ampler discussion of the facts touched upon.

Dr. Brockway: I have listened to the report with very great interest and satisfaction. There are one or two points on which I would like to comment. In referring to scaling instruments, the Committee seem to be divided in their preferences for the pushing or pulling motion. I was surprised to see that the scaling motion was entirely overlooked. Now it strikes me that the scraping motion, as employed in the use of Dr. Riggs' scalers, is able to, and does, in a great majority of cases, prove of great benefit, and I am surprised that the Committee overlooked it. Perhaps they intended to include it by some stretch of language.

In order to use Dr. Riggs' scalers to advantage, one must practice with them for some time, as I have found out by my own experience. I have had the instruments for a number of years—I presume a dozen, at least,—but I confess that it was several years after I got them before I really derived much advantage from their use, and

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before that I should have been quite willing to join in any condemnation of them that I might have heard ; but I rely upon them now, although I have sets of nearly all the other scalers made. I rely upon them more than upon all the others combined.

Reference was also made to the use of certain amalgams—the use of copper amalgam, which has been lately introduced, and which was inferentially condemned. That is to say, if I understood the report aright, the committee expresses the opinion that the copper amalgam was by no means as good in any case, as some of the higher grades of amalgam. Now, I beg leave to take exception to that statement. I believe, from my own experience—and I have used copper amalgam off and on for some twelve or fifteen years—I believe in some situations on the teeth—notably buccal cavities on surfaces of soft molars—they are better filled with copper amalgam than with a high grade. I do not believe the high grade will do as well as the copper. The only objection to the copper is, that it turns extremely black That objection would have no appreciable weight in those locations, and right here I will speak of the same reference made to gutta percha—the statement that gutta percha can only serve a temporary purpose in any case. I believe there are cases where gutta percha is one of the most permanent fillings that can be used—notably in buccal cavities in soft teeth, where the copper amalgam would serve an admirable purpose, but there are some cases where I use gutta percha, and they are buccal cavities in third molars, where they are difficult of access, and are not subject to wear from the friction of the tooth brush. My experience has been, that such cavities are managed with greater ease with gutta percha, and it serves a most admirable purpose, and may be classed as a permanent filling.

I can agree with the Committee in their condemnation of the matrix for many fillings. I have not been as successful in the use of the matrix in connection with gold fillings as some, but in making fillings with amalgam, the matrix has proven one of the most useful of appliances.

Dr. Starr : I would like to understand just what Dr. Brockway means by "the scraping process." Now, the pulling process spoken of by Dr. Rhein, is really a scraping process, and it would not require a great stretch of the imagination to include the pushing motion in the same category.

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Dr. Brockway: I mean by a scraping motion a lateral motion, as you get it with Dr. Riggs' scalers. The idea of the Riggs scaler is to use a scraping motion, not a pulling or pushing motion.

Dr. Atkinson: While I am almost in complete accord with the report of the Committee, there are still some points to which I wish to call attention. The first thing that strikes me as important, is the disposition to lay so much stress upon a single specimen of unsuccessful implantation as indicitive of failure. The experiment referred to in the report can be supplemented by other experiments, that might coincide with or contradict the condition spoken of, or show other conditions. The tooth implanted in Charlie Andrews' mouth remains tight till this day, with hardly any appreciable loss. I indorse most fully, and am heartily in accord with the statement that it is too early to draw conclusions, but they ought to stop there, and not draw quasi conclusions from the one case described in the report.

If there has been any connective tissue formed after the disintegration of the tooth, that settles the question forever. When we can get enough of that kind of action, we will have such a union of implanted teeth as will bring us to a form of tissue demanded in the territory, whether it be connective tissue or bone tissue or secondary dentine, simply by continuing the operation. What is involved in this operation? It is the healthy status of the tooth implanted; it is the power to determine when a tooth is in such a condition as to correspond with the mouth in which it is placed, so that it will be kindly received and made a part and parcel of the family.

I rejoice that we are engaged in this investigation. I am glad of what has been done, and think that it will eventually lead us to change our practice. But I wish to say, "Don't go quite so fast." My regret is that there is not enough of our fraternity willing to go into these investigations in common—neck and neck with the Chairman of the Committee, and a few others.

You may take the healthiest blood from one individual—that is, healthy for his organization—and introduce it into the veins of another who appears to be equally healthy, and you set up a schism in the family. Whether there is a microbe that is food to the one and poison to the other is a question, but we are on the verge of proving it by those dentists who are studying histology, pathology and microscopy. I am astounded to think of the cloud of ignorance which fell over my former study, which caused me to decide against the implantation plan. When it did come to me that implantation was

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not at replantion, but was the introduction of a tooth into a new socket, the cloud was lifted from my eyes and mind. I saw a hope in that, where teeth have not been extracted through disease.

A Member: I would suggest a band, to fasten the tooth when in place.

Dr. Atkinson: Whenever a new socket is adapted to receive an implanted tooth, it does not need any other support. When one side of the socket is deficient, I would advise the retention of the tooth by a proper support, and I need not say to sharp mechanical dentists that they should take their measures, and have the socket equal in strength on all sides, if possible.

Dr. Jackson calls my attention to what I think about mechanical union. There is no union—not that there may not be neutrine activity—and unions so formed are mechanical—and that is the tip-top crystallization of all individual bodies. Everything is going towards crystallization; but to say mechanical union is wrong. You should say chemical union; here is the mechanics of chemistry.

I want to say that any man who would use an edge for pushing, pulling or scraping, should be prayed with. Any one who can use Riggs instrument, needs our commiseration. The edge cuts a concave ditch through the deposit. You should pull that deposit off, not tear it off. The report says you must not use a pushing instrument, so as to dislodge the gum. Isn't that a wise saying? Such a mind as that expression must require to conceive! Every stroke of the instrument tears off a part of the gum, and you have got the broken fibres of the lime cells driven into it, and you will tear things to pieces, instead of doing it delicately and gently. Then you must abide the consequences, and get rid of a scrape you would not have got into if you had used proper manipulation. All scraping is pushing if it goes from the hand. All scraping that comes towards you is pulling; but the point is, if you will persist in using the Riggs instrument, make a bend in the point—an edge no edge. I do not know of anybody delicate enough to use a sharp instrument and not do damage.

I advise the use of something that carries oxygen wholesale. When we get them all in our minds we will be able to select that which is best of all for our needs. We want something that will promote the new growth. What is the new growth? It is at first a clot. That clot passes the different embryonic conditions whereby it gets to the point where it is myxomatous tissue. Then we will

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get the alveolar plate, which will come from the osteoblast that comes from the osteomembrane at the alveolar wall, and there you will get a new plate around the tooth.

One thing which I detect in the report I recognize as my own child, comes from its condensed condition. I believe in the condensation of ideas. Whenever a tooth is so loose as to require any sort of support—an idea which I most heartily endorse—support it with whatever you can make a support with. Never attempt to clean a loose tooth, unless you have got it in the position it should be and held there by floss silk, waxed. If one turn is sufficient, all right; if not, put another half way up or half way down, till you get the tooth standing firmly, so as to bear the mechanical action. I think most of the cases of pyorrhœa alveolaris have been in teeth that wibble-wobble, so when it is brought into its place the patient could not shut his mouth. It would project too far. When you have got it in place, take your engine and trim them till each one has got the proper occlusion, so each tooth shall fill its required place. The thing is to clean the tooth. That doctrine is sound.

Dr. Ottolingui: In what is known as the chemical volume of Faraday's works is an article on education, in which he speaks of self-education, and makes a point that a man should have no opinions of his own in investigating scientific matters; that men can be convinced and yet lose sight of what they are endeavoring to do, because they have an idea totally the contrary. I do not mean to cast a reflection upon the Chairman of the Committee on Practice, but I would like to show where he has fallen into the very error of which Faraday speaks. It has been his idea, in providing a combination for the treatment of pyorrhœa alveolaris, that when teeth are loose they cannot be made to return to a condition of firmness without being "held" tight. Now, as to that case of implantation referred to in the report, my friend Dr. Andrews, had this tooth implanted. It was firm for some months, and it would have been all right, but for a piece of corn with which it came in contact, and was thereby loosened. There was a union with the lingual plate. If the Chairman had been anxious to see that tooth go back, why didn't he suggest to our friend that the use of the tooth might be avoided, and so give it a better chance to become a success.

Again, as Dr. Atkinson has said, deductions have been made tending to everthrow the statements of the success of this method, and these deductions depend on only two cases; neither of which can be

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cited as a sample of the success or failure of this method. It is simply negative evidence at the best ; but I would like to show that even in the evidence itself we haven't a proper appreciation of the conditions, because we see that, in the case of the tooth of Dr. Andrews, which by accident became separated from its attachment, which, we have every reason to believe would have remained firm, was left in the mouth for several months, to allow disintegration to go on. If that tooth had been removed at once, perhaps the microscopic examination would not have shown so much in opposition to the principles of implantation, as it does now. The theory is that an implanted tooth is absorbed away ; that the tissue becomes poor, and finally the tooth is lost. To prove that such is not the case, I would like to relate a case upon the opposite side :

A patient came to me, about thirteen years old. A twelfth-year molar on one side was just appearing. The sixth-year molar had lost its crown, the two roots separated, and an abscess formed in the fissure, down nearly to the line of the cheek. It was necessary, on account of the child being in pain, that the roots should be removed, and they were removed. After the removal of these roots, the idea occurred to me that the child should not be deprived of that tooth, because she had one of the most perfect sets that I ever saw. I thought if that tooth was lost, the result would be that the twelfth-year molar and the bicuspid would tip towards each other, and the superior sixth-year molar would come down, and the result would be unevenness. I looked in my bottle for the best tooth I could find, and suggested the planting of it in that socket. It was agreed to, but before I got it in I found it was necessary to enlarge the socket to a great degree, and, secondly, I found on the buccal aspect, a plate of bone, which had been perforated by a sinus, causing the bone to disintegrate. I had also to cut off a very great portion of the roots of the tooth, before implanting it. I found it almost impossible to ligate it. I am opposed to ligating, any way, on account of its uncleanness. In three weeks, the entire gum on the side where the bone had been perforated, had sloughed off so I could see the bifurcation of the roots. Notwithstanding that, three months after, the tooth was still in place, and was exhibited at the meeting of the First District Society. There is a case from which I think I have a right to claim as much for the success of the method, as the cases upon which the Chairman of the Committee holds the opposite opinion.

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It is a significant fact, that if anything is once proven possible, no amount of failure can prove it impossible. Once accomplished, it is accomplished for all time. If on these teeth of Dr. Younger's, connective tissue had formed, it proves that, under favorable conditions, connective tissue can be formed again. Much depends on the condition of the implanted teeth, and of the mouth into which the tooth is placed. I implanted a bicuspid for a lady, and, while I think it will be finally a success, it is not yet as firm as I would like to see it. Two weeks later I removed a cuspid from the same mouth, because of its irregularity. I formed a new socket, and placed the tooth in its new position. That tooth necessarily had an affinity for that mouth, and is now in as perfect condition as though it had never been taken out.

Dr. Curtis: Since coming into the meeting I have jotted down a few thoughts I want to offer for your consideration. I wish to say, in relation to the report under discussion, that the credit of its preparation is due Dr. Rhein. He should have full credit for it. Three days ago I received a letter from Dr. Rhein, stating that he had prepared a report, but it was not yet in condition to be submitted to me as one of the committee. He asked me to prepare myself to defend that portion in which he alludes to the adverse side of implantation; that he saw no good in implantation, and if I had anything from personal observation to prove it a success, he would be glad to have me present it. I do not wish to be considered as making a minority report of the Committee. I simply wish to criticise a few remarks Dr. Rhein has made, regarding implantation. Egyptian history tells us of a law controling the early practice of medicine in that country. A system of treatment for all known diseases, was laid down, which physicians were compelled to follow. If any violated this established rule, and his patient died, the doctor was subjected to criminal prosecution and his death was likely to follow.

Dr. Rhein evidently wishes to go back to that antiquated method of practice. If we, as dentists, should adopt that system, dental progress would go into oblivion.

The writer inclines to the popular side, which is evident by the citation of most unfavorable cases. He was looking for failures without considering the patient, the operator or the conditions under which the operations were performed.

The practice of implantation should be considered from its scientific point of view. There should be the most careful and thorough

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researches. If we are looking for the most favorable results, we can only get them from the best resources we have. Many dentists are incapable of performing this operation owing to their limited knowledge of surgery. When a case for treatment presents itself he does not recognize the pathological condition and so the tooth goes to destruction. If the tooth referred to by Dr. Rhein had been cared for as we treat pyorrhœa alveolaris, I believe it could have been saved. Of the failures reported cannot some be attributed to dead peridental membrane left upon the root.

Dr. Younger, in his early writing, upon this subject recommended that the peridental membrane be not disturbed; he held that it was revitalized and became attached to the alveolus.

Why leave this septic substance upon the tooth either in the transplantation or implantation? I consider that practice to be one of the causes of failure in transplantation and replantation. Where this membrane remains upon the tooth it should be carefully removed before implanting. If the tooth is soaked awhile, the membrane will raise up in irregular shreds, and can be readily removed with the finger nail. I have carefully observed this practice in all of my operations.

Dr. Atkinson: If healthy, would you remove it?

Dr. Curtis: Yes. I think it almost impossible to extract a tooth with the peridental membrane intact and the cementum not bruised with the forceps. When the membrane is torn into shreds most of it will die, and if replaced in the socket will become a disturbing element. The cause of failure in many cases besides that I have referred to, is undoubtedly due to the fact that many teeth are not adapted to the temperament of the patient in whose mouth they are implanted. We should also consider the condition of the patient's mouth, as to health.

Dr. Ottolingui: Speaking of removing the periosteum; we often find a tooth the appearance of which leads us to the conclusion that they were in mouths where the gums had receded. Would you use a tooth like that?

Dr. Curtis: In such a case, the cementum is diseased. I would not use a tooth that is affected by any disease whatever. We should select those in a healthy condition. Furthermore, I believe it is very important that we should have freshly-extracted teeth, because in that case we have living dental fibres. If such a tooth is implanted under favorable conditions, vitality is sustained.

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We should consider the condition of the patient as well as the teeth we use. The better the adaptation of tooth and socket, the better the chances of success. While in Washington I asked Dr. Younger what new methods he had adopted in his work. He said "the only thing was to make a large socket, so that, in putting in the tooth, you do not have to scrape the cementum. If it is simply put into the cavity, the tissues will be reproduced with more chance of success." I took exceptions to that. The microscopical examination of a tooth proved my theory. Dr. Younger, desiring to prove his theory, kept his tooth loose. The socket was so large that the bacteria could work all around it. Had not the tooth been removed, the result would have been necrosis of the jaw. Dr. Black and I examined the specimens together, but owing to the low power of the microscope used, the examination was not satisfactory.

I have seen teeth that have been implanted nineteen or twenty months. I know them to be firm—absolutely perfect so far as we could expect teeth to be perfect minus the peridental membrane and pulp. They were healthy, and have given no trouble. I have implanted about thirty teeth and have my first failure to report.

Dr. Allen, of Port Henry, is here to-day. I implanted a tooth for him at the meeting of the First District Society, of New York. He wrote me a very gratifying report a few weeks ago.

Dr. Atkinson: To disabuse the last speaker of the estimate he has of my pet chicken, Rhein, I would say if he is anxious to get at the truth irrespective of the result, as Rhein is, I should congratulate him. I think Dr. Rhein is seeking for the truth, and sometimes emphasizes these things particularly to favor it. I do not think he cares so much for popular endorsement, as scientific endorsement.

We have this point. It is said there were two cases presented, and both were supposed to be adverse to the idea of implantation. Neither of them are, but the Andrews case is supposed to be the worst of the two. Younger's tooth was purposely kept shaky for seven months. I extracted it myself. It bled like a stuck pig, showing that the blood islands were formed there—showing that the formation of tissue was going on. Some portions of it, after being cut, showed there was connective tissue attached to the cementum; in other words, that it had periosteum on a considerable portion of the side. So I call that encouragement instead of discouragement.

Dr. Smith, of Ilion: Dr. Curtis says he thinks the periosteum should be removed from the tooth before insertion. I implanted a

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tooth that had been out of the mouth two hours. It was perfectly healthy and the periosteum intact. Dr. Curtis saw the case. I don't know that I related to him all the circumstances of the operation. It is now in a perfectly healthy condition, and has been in the mouth for three or four months. I have implanted teeth where the periosteum was entirely removed, and those are apparently in as healthy a condition as the first.

The President: Our brethren from New Jersey are here. Dr. Weeks, I am sure, has some good things to say.

Dr. Weeks: I feel very much flattered in being called upon, although I came here to learn a little from the wise men of New York. The State of New Jersey is not expected to know very much, though we endeavor to hold our end up. I have been very much interested in the discussion this afternoon. I think Dr. Rhein is to be congratulated, and the Society is to be congratulated upon the report Dr. Rhein has made. I know of but one thing I wish to speak about, and that is amalgam.

Dr. Rhein, in his report, stated that no better filling could be made with copper than with a high grade amalgam, therefore he would prefer to use a high grade amalgam in all cases where amalgam was desirable. Now, I would take issue with Dr. Rhein upon that point. I have used copper to some extent, and I do not think there is any material—I don't care what it is—that is equal to the copper amalgam in filling certain kinds of cavities. I have reference to its saving qualities. The only fault charged against it is its color. I do not think that should be taken into consideration at all.

Dr. Brockway spoke of using gutta-percha for buccal cavities of the third molar. I do not see why he would use gutta-percha. He could use copper there, and we know it will last. I use it in the temporary teeth, and there is no class of teeth where I have not been benefited by its use. I have had cases where the surfaces were half gone; pulp exposed, teeth like chalk. Put gutta-percha into them and it lasts only a little while, soon becoming offensive. If we put in an ordinary amalgam, the walls break away or the amalgam contracts, and there is a space between the wall and the filling. Now, gentlemen, with copper amalgam that is not the case. It seems to have antiseptic properties about it which will save of itself and will harden the substance of the tooth. I think it would do your hearts good to look at it a few weeks after you put it in, and compare it with one put into the same mouth at the same time with anything

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else. It is just as easy to work as anything you can find ; it is easier than gutta-percha, easier than any other amalgam. It does not require much pressure to work it. Press your finger on it, and it will take a perfect impression, and you can get perfect adhesion without employing force to do so.

To finish it up, take a little bibulous paper and fold it a few times and draw it back and forth, and you get a perfect finish. It will wipe away whatever excess there is, and leave a perfectly clean cut edge, and that is what you want with amalgam. It does me good to see amalgam fillings of this kind. After finishing in this way, see how strong they are, how perfectly adapted for the purpose. It seems to be adhesive of itself. When you fill a tooth and it overlaps the cavity, you can take your finger and wipe out anything that extends into the fissures. It is very easy to move it. If you draw your instrument through it, you simply take away what is before your instrument ; you don't pick it off. When it becomes hard you have the best result it is possible to get.

The more you grind it the more pasty it becomes. I have heard some condemn it because it was not pasty. This is not the case. The more you drive it the more paste-like it becomes, so that it will draw almost like a piece of gum. It is, in comparison to other amalgams, what wrought iron is to cast—it is tough. If it is thoroughly worked up you can carry it to any place with perfect freedom, and then press it out. When it is set it is as hard as anything you can use.

Dr. Rhein : I have been very much gratified by the discussion the report has brought out, as it was the result I desired to accomplish.

Notwithstanding the very energetic criticism my efforts have received, I have not been convinced by any one of them that I was wrong in any particular case cited, and if I could go over the ground of each distinct objection, I think I could give a reasonable explanation of my own side of the case. This is the first time I have ever found myself opposed to Dr. Atkinson on histological points connected with tooth structure.

I want to take up this subject of implantation first, in regard to the great stress he lays upon the connective tissue formation. I do not consider that it amounts to anything, and for this reason ; the connective tissue is not formed from the root, it is formed as the result of the irritation of the socket. The irritation set up excites the formation of an excessive amount of granulating tissue, which as

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we have seen demonstrated, will turn into connective tissue. As it does so, the absorption of the root goes on. After that space is closed up and the root absorbed, what is going to hold the tooth in position? I saw one that was removed and not a portion of the root remained, yet previous to its extraction it was held in position by contact of neighboring teeth. It had been there for seven years; so it took seven years for that root to become absorbed. I have seen the same result in replantation, where a crown remained in position until absolutely no portion of the root was left. Now, in all these cases, from what I have seen under the microscope, I believe there was fibrous connective tissue, evidently formed from excessive granulation. Whether it also extends to the osseus formation, as Dr. Curtis claimed, would amount to nothing with me, if the absorption of the root kept going on. I think the position I have taken is that of the under dog in the fight. From all I have heard I think nine-tenths of the profession are in favor of implantation. I protest against Dr. Curtis saying I wanted to be on the popular side of the question.

In regard to what Dr. Ottolingui said, about why I did not attempt to aid in the case of Dr. Andrews as I had done in cases of pyorrhœa; I had a very good reason for not doing so. In the first place, in Dr. Andrews' case I do not think I ever saw a cleaner mouth. I never saw a particle of calcarious deposit around Dr. Andrews' teeth, and they have been under my care of late. Dr. Andrews used such antiseptic measures as would prevent the possibility of any putrefactive formation. It was no such case as that of Dr. Younger. Having been a dentist, he knew how to prevent uncleanliness.

Now, as to the crown, that had nothing to do with it. As I said in my paper, the tooth was in a position where it would sooner succumb to absorption than in any other place It was an inferior central, and as soon as two-thirds of the root was absorbed, there was very little left to support it. I have seen a superior central remain till every particle of the root substance was gone. The crown, I am convinced had nothing to do with it. Prof. Heitzmann bears me out in that. In my report I distinctly emphasized the implanting of natural teeth, because, while I do not want to theorize, I most sincerely hope that what we have done in implanting may lead us eventually to some success in the implantation of artificial teeth. That we can get such a strong hold of the tissues that they will not

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depart to dust and ashes as it were, I would be glad to see proven; but I do not believe in the performing of an operation.if it is to be a failure.

There are a great many points to interest me when brought out, and I would like very much to touch upon them. Dr. Weeks got my remarks exactly right; Dr. Brockway did not. I did not say better fillings could be made with high grade alloys, but I said as good fillings. I will produce a perfect amalgam filling, but it requires more skill than a gold filling; but I am repaid in that work if I find the mouth with a clean look instead of a dirty black mouth. If I can save those teeth with a light-colored amalgam, I can see no reason for using copper.

In regard to the scaling point raised by Dr. Brockway and discussed by Dr. Atkinson, I take issue with both of them upon one point. Dr. Brockway wants to scrape, Dr. Atkinson never wants to scrape. They are both wrong. I do not believe in scraping a root where it can be avoided. If it is impossible to remove it by anything but the scraping process, I would scrape. I mean by my "pushing and pulling" to include scraping where necessary. Where you have a calcareous deposit that will come off without scraping it, you should remove it by a gentle pull, if possible, so as not to lacerate the tissues. I do not approve of the Dr. Riggs form of instruments.

Dr. Southwick: Last year a resolution was offered here, making the evening session of the first day the time for the election of officers. I want to make a motion to suspend that rule for this session, and have the election at the end of this present afternoon session. There are many gentlemen here that I know are anxious to attend the memorial exercises to-night, in memory of Hon. Roscoe Conkling, and will go in spite of the meeting. I would therefore like to have the election while the members are present.

The President: I do not think that we can suspend that resolution. It is one of the By-Laws. It is only a Rule of Order that can be suspended by unanimous consent. If my ruling is not accepted by the house, it may be appealed from. My ruling is that I cannot entertain Dr. Southwick's motion as the rule now stands.

Dr. Ottolingui: I am opposed, upon this ground. Those gentlemen who are present and are members of or delegates to this Society, if they remain away, remain away at their own option. There are

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some absent this afternoon who expect to attend the election to-night, and have the right to expect it will be held. I think if gentlemen come to the Convention, and intentionally absent themselves from any of its sessions, they do it at their own risk.

The Committee on by-Laws reported as follows:

Mr. President and Members of the State Society:

Your Committee on By-Laws report:

That the By-Laws need no amending or tampering with at the present time.

In our judgment, it will be for the best interests of the Society to leave them as they now stand.

Respectfully, B. RATHBUN.

The Committee on Business reported the programme for the evening.

Dr. Mirick moved that a committee be appointed, consisting of one member from each district, to nominate permanent members.

The motion was duly carried.

The President named as such committee the Board of Censors.

Dr. Line presented the report of the Committee of Arrangements, also several bills, which were referred to Committee on By-Laws.

Dr. Line moved that the report of the Committee on Practice be allowed to be printed in the *Dental Review.*

Dr. Walker: I hope that the report will not be published unless a report of the discussion be published at the same time. There are many journals that would like to publish the report that would not give room to the discussion afterwards.

Dr. Rhein: I am opposed to any journal publishing it, unless they give all the discussion in one number. I would not want any to publish it unless they promise to publish the discussion.

The President: The motion can be changed to this form: That the privilege be granted of publishing it in the *Dental Review*, if the editors agree to publish the discussion.

The motion was put, and declared lost.

Dr. Rhein called for a division of the house, saying: "It will be the saving of money to the Society in the engraving of these cuts. There are very few journals can go to the expense of having such elaborate cuts properly engraved."

Dr. Carr: Cannot the Society of the State of New York publish its own proceedings and engrave the cuts?

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Dr. Rhein: I do not think it is a State matter. I never intended it as a State matter. The motion was that I should have the privilege of publishing it in any journal. If it is a matter of rivalry between the different journals, I will drop the matter, but the point is that heretofore in this Society anything of this kind has been passed without any dissenting vote at all. It is generally considered the proper thing to do, if a man writes anything, for him to publish it, unless the Society has an official organ.

Upon a division of the house, the motion was declared lost.

The Society then took an adjournment to 8 o'clock P. M.

FIRST DAY—EVENING SESSION.

WEDNESDAY, May 9, 1888.

The meeting was called to order by the President. The minutes of the afternoon session were read by the stenographer and approved.

The President stated that unless there was some other business to be taken up, he would call upon Dr. Ottolingui to read his paper.

Dr. Ottolingui, of New York, then read a paper upon the Esoteric Law of Cure.

DISCUSSION.

Dr. Atkinson: I suppose this is a pertinent time for me to disclose any ideas which I may have in my mind, and, drawing the deduction that other men are constituted as myself, I am conscious that they will not find any especial new knowledge in what I may say. The idea of knowledge that has been received from without in place of from within, has been clearly set forth to-night as to its exoteric phase and esoteric elaboration or gestation. We have heard a beautiful synopsis of what has been called the cause of individual being, which has never been solved, to my mind, anywhere outside of the realm of mental activity, and that is the purely spiritual condition of entity and the multiples of entity. All conclusions based upon such a foundation are the absolute truth, they are exoteric; they are open for everybody to see. The esoteric are they that have been held by the illuminati, for the sight of those who are looking for esoteric knowledge, to be given only to the initiates, as has been so aptly said in the paper, and it is something we know so little about as simply to wonder at it. To take up the different phases of esoteric knowledge and try to get the ideas, would be to try to get an understanding of the different modes of activity, as it would be for a person to take up different books and understand all the different peculiarities of the languages in which they are written, and after that to re-

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solve each back into its own individual language. We have the words of the English language, so twisted, that we have to read about forty lies to get one truth in our minds, and when we say "That is true" or "That is false," we should be very modest, and say it only according to the measure of our own intellect.

The whole field is open to the inhabitants of this planet, but there is so much involved in it as to what the source of individual understanding is. Take the idea, "I am that I am." We forget that anything that can say "I am" never had a beginning or an end. He says the ideal has come from the sources of successive generations. Take up histological research, and you will learn through little things what the great fraternity upon this planet means. Take the evolution of sentient beings upon this planet, and we will see that there is, as that paper has suggested, a start from the ovum. The same ovarium brings forth the same kind in a long time, or a short time. He did not say fall, or summer, or winter eggs are the eggs that should bring forth the progeny; so that it would require an expert to tell which it should be, fall, summer or winter eggs, which should produce the highest entity. It resolves itself back again into the fact that it is the movement of the intellect that we call consciousness, that is esoteric, and none of us have seen the veil of the temple rent in twain, so that we can get at the Shekinah in understandable shape.

The President: I think Dr. Brockway has thought upon these matters a great deal.

Dr. Brockway: The President has paid me a high compliment, but I know nothing about it.

Dr. Atkinson: I want to say that we often know things we do not give ourselves credit of knowing. I think Dr. Brockway knows a good deal, if he would only obey the inspiration that is within at this minute.

The President: I have received this communication, which I do not know what to do with, except to read it to you.

[Reads a bill and letter from Matthews, Northrup & Co., of Buffalo, in regard to their claim for fifty dollars for work done on the "missing proceedings."]

Dr. Line: The statement of Matthews, Northrup & Co. is correct, as to the amount of matter turned out by them. There was a demand made by this Society, through the Secretary, and later through Dr. Southwick, who was appointed a committee of one to

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procure the "lost transactions," which are now here in a published form. The bill was sent in about the time Dr. Southwick got track of the papers, and it called for fifty dollars. It had been rendered to Dr. Freeman, and had been sent to the Society through Dr. Southwick. In setting up the type for this volume, the thirty-two pages spoken of in this bill were used as copy.

Dr. Rich: Do I understand those thirty-two pages were simply used as copy for the printers to work from?

Dr. Line: That is the idea. The firm of Matthews, Northrup & Co. is a Buffalo concern, and this had been put in their hands for publication. The thirty-two pages had been set up, when there came a fire, and the papers were scattered, and what they had set up was destroyed. On account of the delay in publishing the transactions, this Committee took charge of the manuscript; and when the transactions were sent to the present publishing Committee, part of them came as printed matter, and those were used as copy.

Dr. Rich: Then we are charged simply for the setting up of the type?

Dr. Line: Yes, sir.

Dr. Southwick: I was appointed a Committee to get hold of this manuscript when Dr. Freeman resigned. I found that the manuscript had been destroyed by fire. Dr. Freeman told me he had entered into a contract to do the printing, that it was a *bona fide* contract, between himself and the printers. Dr. Freeman thought they had done their part faithfully, and were entitled to remuneration in proportion to the amount of work done. I told him I could not decide about that, I wanted what was left; that the Society had directed me to get it. They have put in a bill which I believe they think perfectly proper; it may be an excessive charge, but I do not know what their rates are. It was a sad thing for them, as well as for us.

Dr. Mirick: What have the Society to show for it?

Dr. Southwick: Really, we have nothing to show; only the printed matter that was turned over in place of the manuscript which was destroyed by the fire. It is a question whether they could collect anything more than what they produced. The fact of the fire had nothing to do with this Society. I do not know as we should pay for any more than they have turned over to us.

Dr. Rich: Can you tell me the number of copies the contract between Dr. Freeman and the printers called for?

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Dr. Southwick: I cannot; I might have done it at the time I made my report. I was only instructed to get what was left at all hazards. The Company have rendered a bill that they think is all right.

Dr. Carr: I move the bill be paid.

The motion was duly seconded.

The President: Before putting the motion, if you will bear with me a moment, let us get a little more light upon this subject. A contract was entered into between the Society, through its then Secretary, and these printers. Through misfortune they did not accomplish the work; did not fulfill the contract. Time went on. We then demanded from them the manuscript; we could not get it, but we got its equivalent. Now, are they entitled to anything more than what the damages are, through the non-fulfillment of the contract? For example: on that contract they might have made twenty-five dollars, more or less. They did not fulfill the contract, and were not in a condition to do so. We recall it from them for that reason. Suppose they were ready to perform the contract and we should take the papers from them, all their claim could be, would be for the damages for non-fulfillment of the contract. If we pay them anything, we do not pay them for the work done; that would not be fair or just. There might be, possibly, something due them for having the contract taken away from them, for the loss sustained, but that is all.

Dr. Carr: The President's logic is very good; but when I am in trouble, I always take the easiest way out. Now, the question is, whether the President will go to Buffalo and have the case adjourned, and have it go on, and when we get through, there would be a nice little bill for court expenses and attorney's fees. If they only take a judgment for ten dollars it would carry the costs.

The President: Allow me to suggest, that while it is not my province to move, it is more than likely that if the matter was referred to a level-headed man, he could go there and settle the matter by a compromise, because the charge is excessive.

Dr. McDougall: I understand from their letter, that they claim we entered into a contract with them, and that they are prepared to fulfill that contract. Instead of your allowing them to do so, on their part, you call for this manuscript; you take the minutes and end the contract with them. As I understand the law, I think they have a valid claim on the Society.

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Dr. Walker: I will offer an amendment to Dr. Carr's motion, namely: that the whole matter be left with Dr. Southwick. If he can get a reduction on the amount of the bill rendered, well and good; if not, let him draw on the Treasurer for the amount.

The amendment was accepted by Dr. Carr.

Dr. Mirick: When were the papers taken from the Company?

Dr. Southwick: About a year ago.

Dr. Mirick: The bill was sent to me, and I declined to pay it because it had not been before the Society. I had no more privileges, being Treasurer, consequently I sent it back, and told them to bring it before the Society. It seems to me they made no attempt to carry out the contract, that they did not intend to go on with the contract at all. They have simply brought in a bill to see if they can get something for what they have done.

Dr. Southwick: It was found that they could not fulfill the contract, because the fire had destroyed a great deal of the manuscript. What was saved was in another room. The manuscript of the printed portion turned over to me was burned also. There were papers which were lost entirely.

Dr. McDougall: Upon that ground, it places the matter in an entirely different light. You might claim damages because they did not return the manuscript.

The motion as amended was carried.

ELECTION OF OFFICERS.

Election of officers being the next order of business, the President appointed as tellers Drs. Hart, Mills and Jewell.

PRESIDENT.

It was moved and seconded that the first ballot for President be informal.

The motion was lost.

The ballot for President resulted as follows:

Line	30
Barrett	7
Atkinson	5
Rich	4
Kingsley	2
Walker	3
Scattering	6—67

Dr. Line was declared elected President for the ensuing year.

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VICE-PRESIDENT.

Dr. Walker moved that the Secretary cast one ballot for Dr. Brockway for Vice-President.

The motion was declared out of order.

Dr. Elmendorf: I would like to place the name of C. F. Rich in nomination as Vice-President—a gentleman who has never held office except upon the Board of Censors.

The first ballot resulted as follows:

Brockway	28
Rich	28
Scattering	2—58

No choice.

Dr. Brockway: If my friends would respect my wishes, their votes would be cast for Dr. Rich. I decline to run, and hope my friends will vote for Dr. Rich.

The second ballot resulted as follows:

Rich	31
Brockway	16
Curtis	1—48

SECRETARY.

For Secretary the first ballot resulted as follows:

Jewell	20
Curtis	20
Nash	5
Van Woert	4
Blank	1—50

No choice.

SECOND BALLOT.

Jewell	27
Curtis	19
Scattering	3—49

Dr. Jewell was declared duly elected Secretary.

TREASURER.

It was moved and seconded that the Secretary cast one ballot for the election of Dr. Mirick as Treasurer.

Carried.

Dr. Mirick was unanimously elected Treasurer.

CORRESPONDENT.

Dr. Pitts moved the Secretary cast one ballot for the election of Dr. Atkinson as correspondent.

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Dr. Atkinson: I decline to serve. If you do not like me, I want you to get a man you feel will do his duty. I have worked faithfully in endeavoring to do some good in the position. This year I have not received a single report—not a single return for the circulars sent out. I utterly decline to serve. I would be willing to serve this body if I could, but I have taken time from more important things for this correspondent business. I think it is a waste of time. I cannot work twenty hours out of the twenty-four and kick up my heels in the morning.

Dr. Ottolingui: It seems to be the desire of the Society, that Dr. Atkinson serve, and that Dr. Atkinson will serve as correspondent, if the Society will show him some attention, that the gentlemen voting should promise by that vote to answer any circulars sent them by Dr. Atkinson: that they will reply to their fullest ability.

The ballot resulted as follows, Dr. Pitts' motion being lost:

Atkinson 31
Scattering .... 3—34

Dr. Atkinson: I decline to serve. My Quaker blood refuses to allow me to serve after I have said I would not.

Dr. McDougall moved the Secretary cast one ballot for Dr. G. L. Curtis as Correspondent.

Carried, and Dr. Curtis declared elected Correspondent.

Dr. Pitts: The Second District presents the name of Dr. Brockway as Censor.

CENSORS.

The ballot for Censor from the Second District resulted as follows:

Brockway 22
Jarvie..... 34
Blank..... 1—57

Dr. Jarvie was declared elected Censor for the Second District.

Dr. Curtis named Dr. S. B. Palmer as Censor from the Fifth District, and moved the Secretary cast a ballot for his election.

Carried.

Dr. S. B. Palmer was declared elected Censor from the Fifth District.

PERMANENT MEMBERS.

The Committee to nominate permanent members reported the following names:

1st District, - - - - - - - - - -	Dr. A. R. Starr.
2d " - - - - - - - - - -	Dr. J. H. Holley.
3d " - - - - - - - - - -	Dr. P. S. Garvey.
4th " - - - - - - - - -	———
5th " - - - - - - - - - -	Dr. A. Retter.
6th " - - - - - - - - -	Dr. W. A. White.

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On motion, the report was accepted, and the persons named elected by the Secretary casting one ballot.

The Business Committee reported the order of business for the morning session on May 10th.

Adjourned to May 10, 1888, at 9 A. M.

SECOND DAY—MORNING SESSION

The meeting was called to order by the President. The minutes of the evening session of May 9th were read by the stenographer and approved.

The President read the following telegram, which had been received from the Illinois State Dental Society :

"*Illinois State Dental Society, in Session at Cairo, to the New York Society,*
"*Greeting:*
"We are having a good meeting, and send our best wishes for your success.
"E. B. ROHLAND, President.
"GARRETT NEWKIRK, Secretary."

Dr. Jarvie moved that an answer be sent, signed by the President and Secretary, extending the greeting of the New York State Dental Society to the Illinois State Dental Society.

Carried.

Dr. Ottolingui : There was a matter referred to the Committee on By-Laws as to whether permanent members could act as delegate members.

The Committee on By-Laws stated they had no report, except upon the bill of Dr. Heitzman, that was not passed upon by the Society, and when that was passed on there was no further report to make.

The Secretary presented the bill of the stenographer, $63.50 ; Delavan House, Parlor 57, $10 ; Dr. Carr, disbursements as Chairman of Committee on Dental Law, $12 ; several small bills amounting to $5.70 ; and bill of janitor for $11.

The President : Before taking up the regular order of business, let me urge that your duty to the Chairman of the Committee of Arrangements for the dinner this afternoon, requires that you should inform him if you intend to have the dinner. Those who wish to join in the banquet should give him their names as soon as possible. He has been obliged to assume a certain responsibility with the proprietors of the Delavan House.

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INCIDENTS OF OFFICE PRACTICE.

Incidents of Office Practice being the next order of business, Dr. Jarvie said :

So that no time may be lost, I want to speak of a little drill I have with me. A number of drills have been devised for enlarging the nerve canals in roots of teeth, but I have never yet seen a drill that I would be willing to use to drill the buccal root of a superior molar, or the small roots of the first bi-cuspid, which I found, upon the insertion of a broche was at all crooked, for fear of cutting through the side. I know that some gentlemen contend that they can enlarge a pulp canal with certain drills to the extreme end. Yesterday, I saw for the first time, a drill that recommended itself to me for this purpose, and I thought them so perfect that I want to bring them before the Society. It was shown by Dr. Osborne, of Orange. It is made of No. O piano wire. It is very thin, not larger than a thread of cotton, yet the wire as we get it is so hard that it will cut dentine without tempering, and is as flexible, I may say, as the best platina wire. It has stiffness, flexibility and hardness. I believe with such a drill, one can follow the most tortuous pulp canals. I think it is the best thing I have seen. For perhaps one-eighth of an inch from the end of the drill it is made three-sided.

While I am on my feet, there is another device which I would ask to present to the Society. You can call it a universal splint. It will explain itself. It is an invention of Dr. Brown—perhaps not his entire invention, but an improvement on anything else we have had up to the present time.

The President : I think you should term it an "improvement."

Dr. Starr : I want to speak of a method of inserting the Logan Crown, by which I secure a better joint than we get in the ordinary manner of setting. It struck me as being quite a good idea, and in several instances I have tried it. If a root is pretty well decayed, particularly on the lingual aspect, we find it difficult to adjust one of these crowns ; in such cases I have employed the following method: Prepare the crown and root without being particular about getting a very good joint ; prepare the interior of the root, dove-tail it and insert the crown with cement. When that is hardened I cut away some of the cement from the lingual portion and fill it up with amalgam. The peculiar shape of the Logan Crown, being hollowed out on its root aspect, hollowing the root will allow a secure anchorage for the amalgam. If it is not desirable to use amalgam, I cut

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away the root at the junction of the root and crown, and fill with gold; then amalgam will not show. Where the root is decayed all around, I have used amalgam altogether, filling part of it first and the rest at another sitting, because in that manner I think the amalgam can be better hardened than if done at the same sitting. I have found this method very efficacious and get a very good joint, thereby preventing the early loosening of the pin.

Dr. Carr: I have a little spring joint to show which will prevent the breaking of cables in the engine.

Dr. Jarvie: I have a model in my hand of a case of implantation, which was performed a year ago by Dr. Younger. I spoke of a case that had been performed by him some six months previous, which a few days after the operation was as near a failure as could be; yet by care and keeping the tooth fixed in position, it, up to that time, indicated success. I took an impression of the mouth on Monday, and present the model simply to show its present condition and the perfect formation of the gums around the neck of the tooth. They are just as perfect as any you ever saw. This model was made some eighteen months after the tooth was inserted. In taking the impression the material drew a little over to the right, and it would appear as though there was a fistulous opening over the root; the process is very thin over that portion, and particularly over the implanted tooth.

Dr. Mirick: I wish to say to Dr. Jarvie that I saw this operation performed by Dr. Younger about a year or so ago, and had such a fine appreciation of it that I have always felt an interest in it. The patient called to see me the day before I came up here, and I had an opportunity to examine it under my own light. It is a most successful operation; the most successful that could possibly be made in the implantation of teeth. The gum is perfectly healthy, and it would be impossible for anybody to tell that the tooth had not grown there in a natural manner. It struck me, as has been generally accepted by others, that the color, after the tooth had been implanted, conformed to that of the other teeth. I had an opportunity to test this under a good light and found the color quite different from the others; it has not changed though. Even if it had, it would not be noticed under ordinary circumstances. On close examination it is, however, of quite a different color. In the operation of implanting this tooth, Dr. Younger hurriedly selected from among others a tooth that looked as though it had come from the gutter. In adjusting it the end of the root did not fit the socket well and seemed to

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go through to the soft tissues. The membrane has conformed to that projection and has grown over it; it seemed to me the end of the root is still there.

Dr. Brown: I am a little outside of New York and Brooklyn, but I believe it is the duty of every member to bring what he thinks will be of interest. Seventeen years ago I had published in the *Cosmos*, an article describing a method of retaining fillings on sides of incisors; and at that time nine men out of ten in our vicinity said those operations were failures. I have here the first specimen I have been able to secure, and it will illustrate the practical value of what I claimed at that time; the dove-tailed corner for holding those slabs on. I found where a filling was well anchored, it would stand a strain at the root, and perhaps two-thirds up. These teeth I pass around for your inspection. This dove-tailed corner, which is very small, was put on a crooked incisor, for a lady, nine years ago. In putting this side on, I ran over a little dove-tailed corner, and in referring to it you will see those cuts. I found the weak point was where that corner was made. You not only form a mechanical resistance there, but you cut away a portion of the tooth which was usually left. I do not say but it was before I used the wood-cuts, and wrote the article; it must have been previous to my writing the article, for where the substance was broken off the tooth, the dentist must, necessarily, be compelled to replace it. I have practiced it with fillings ever since. That filling wearing nine years, and being a crooked tooth, I cut it off at the root and put on a crown. At the time I made the filling we did not have crowns, so this method was resorted to.

Dr. Pinney: Mr. President and Gentlemen. I do not know that I have anything particular to offer in the way of incidents of office practice, except a pretty little case of jaw fracture which I am now treating. The case is that of a child only twenty months old. The child was in the street playing, and was run over and sustained a fracture of the jaw at a point between the lateral and cuspid. It is doing very well. I put in a splint, the one that Dr. Williams showed you at the First District Society a year ago. I put it in two or three weeks ago and intend removing it next Sunday. I am sure I shall have a pretty straight jaw.

I saw in Ash & Son's dental depot a little while ago, a very pretty matrix with a little appliance that can be put around almost any tooth, for amalgam fillings, where the walls of the cavity are very

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frail. This matrix is very convenient for gold fillings You have exactly the contour of the tooth, just as you want it. I think I can do nicer work with it than any matrix I have seen. It is of English manufacture, and very easily adjusted.

Dr. Ottolingui : Dr. Pinney has drawn your attention to a matrix sold by Ash & Co. I would like to call your attention to a method of using this matrix for which it was not originally intended. We all admire the method of Dr. Fanour, but few can make his beautiful contrivances. I have found that this matrix will answer for the same purpose. He sells you the band in long strips with two little hooks in it, with a key, and you can make your matrix as Dr. Fanour does, make them to go around two teeth and fasten them with a clamp, and you have your base all ready with very little trouble.

Dr. Jewell : In this connection, I have something I think will be of interest to many. It is an excessive deposit of calcareous matter upon a lower molar.

Dr. Green : As a usual thing, bridge work, implantation, etc., progresses more from the failures than the successes. We hear a great many men speak of the uncleanliness of bridge work, and assert that it is an entire failure, for the reason that it can not be cleansed. Any man who will form an opinion, and base his condemnation of bridge work upon such a case as this, merits our compassion. I hold in my hand a piece of bridge work intended for the lower jaw, and to be attached to a first bi-cuspid. The second was gone and the two molars. A saddle is made of vulcanite, and, instead of bending it they formed in it a little crotch, and, softening it, crowded it down into place. The bicuspid was doing the work of four teeth. The support, instead of being at each end, was in the middle. The lady was told it would be impossible for food to get under it, and that it would be perfectly cleanly. When she came to me it was so loose it could be moved around. The bicuspid came out as I was trying to get the cap off. I would say, that on the other side of the mouth I have a piece of bridge work, put in two years ago, from a second molar to a first bicuspid. I had all I could do to induce that lady to have the work done. I overcame her prejudice, however, and the bridge has given her no trouble for two years.

Dr. Littig : I don't know why that should be called bridge work at all. I do not know how one could make a bridge without two abutments.

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Dr. Curtis: It is a swing bridge.

Dr. Jewell: It is rather a draw bridge—to draw funds from the patients' pocket.

The Secretary reported that the bills presented a few moments ago had been audited by the Committee on By-Laws and found correct. The bills were ordered paid.

Dr. Atkinson then read a paper upon the subject, "What Lack I Yet."

DISCUSSION.

The President: Dr. Atkinson's paper is open for discussion and criticism. The subject is one of those which I was told was the most important in dentistry to-day.

Dr. Ottolingui: I agree heartily with everything Dr. Atkinson has said, and I rise to speak for and emphasize some portions of his paper. We have what we call a code of ethics, which, if I understand it rightly, means laws which are supposed to affect our professional acts, both among ourselves and our brethren. I fear they are openly violated by a few, but I think more violate these laws privately. There is nothing about which a man should be more watchful, than the disposition to criticize work done by others. One may not know the difficulties under which the work was accomplished, or what has passed since it left the operator's hands, to bring about the conditions. There may be cases where the work is so badly done that duty to our patients would compel us to point out the faults; but many are very apt maliciously to point out faults seen in a brother dentist's work. I will cite a case in my own experience. When I first went to work for a certain dentist, I was obliged to conform my actions to the rules of my employer. One rule was that I should never criticise the work in a patient's mouth—I should never say that the man who did it, did it wrongly. From that, I have formed the habit of not criticizing work done by others. We are not infallible, and we cannot always perform the same kind of work in the same manner; so that no man can truthfully claim that he never makes a mistake. He is not a machine. Even machines do not always perform the same work the same way. A bad piece of work does not prove that the man is a bad operator.

I had a patient some years ago, who came to me on account of the removal of her regular dentist to another city. I have worked for that patient ever since. Last summer she fell into the hands of her old dentist—a first-class, good, old-fashioned practitioner. At her

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request, he examined her mouth, and pointed out a filling which, he said, was in a terrible condition, and was no credit to the man who put it in. That patient came back very much out of patience with me, and begged me to examine the tooth. I did so, and found the filling was leaking, and, being unable to swear it was not my work, and being willing to admit I had made a failure, I told her I would replace the filling without charge. I thought, in justice to myself, I would try to find out who it was who made the filling. I did so, and found it was put in ten years before by the very dentist who had criticized it. Other members of the same family are patients of that dentist. This matter has been discussed in her family and has gone out among her friends; so you see we cannot tell where our criticisms will go. If we continue to practice, let us be very careful how we criticise the work of other people.

Dr. Brown: I think we need a dental law to protect such dentists as Dr. Ottolingui. We need a law to provide that such men shall not replace other men's fillings free of charge. In connection with this, I want to say that I keep a system of books—and have for some years—that makes it impossible for me to do any such thing as that, and the patient can read and understand them. For instance, I use terms that any one can understand, and when a patient comes into my office and says, "I think one of your fillings is out," before I look in the mouth I bring my bible—my ledger. While the book is open before the patient I look at the tooth, and there is no chance for a dispute. If it is my filling and has been in for ten years, I get a good, fair price; if five years, a less price. If it is not mine, I get double the price, which I could not do if the patient was not satisfied that it was not my filling.

Dr. Green: I have a method that to me is very satisfactory. I always make a diagram of all I do. When I present the bill, there is an exact copy of that diagram upon it, giving the number of each filling and what it is filled with. They do not have to read it; they see a picture of their own mouth. I have had people say, "That filling you put in has come out." Perhaps it has, but in a great many cases I have been able to show them that it has not. It takes only a few minutes; you can make an outline in black ink and then fill it with red.

Dr. Rhein: I would have very little respect for myself, if any of my patients did not have sufficient confidence in me not to require me to furnish them with any detailed statement of the work I did

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for them. The diagram is undoubtedly the best method of keeping a record of your work, in case of the necessity of future reference. But it is about time that advice the nature of that given by the last speaker be stopped—the giving of a detailed statement of the work to our patients. If we are following a trade, if we are selling groceries, a pound of butter or cheese, or a dozen eggs, it will do to furnish every one with a detailed statement. To mark a filling here and a filling there, does not agree with my view of professional ethics. It gives the patient an opportunity of forming a judgment of professional services, which they are incapable of forming correctly or understandingly.

To illustrate. . It is impossible for them to guage our services by any standard known to them. I think furnishing detailed statements of work done, is one of the worst practices that has ever been introduced. It has been my habit to furnish merely a bill for services—so much. If they desire to know what are the items of those services, I merely inform them that my ledger shows those items of work performed, and time spent, and they can come to my office and look at it if they want to. I have never yet sent a patient a detailed statement of work.

Dr. Curtis : I like the dignified manner in which Dr. Rhein conducts his practice. We are not likely to be too dignified in our offices. I think the diagram should be for our personal use. Professional jealousy is degarding and is a source of much trouble. Not only in New York does this condition of affairs exist, but to some extent everywhere. It is the meaner part of our disposition that predominates when we speak unkindly or unprofessionally of our superiors. Few can endure the knowledge of his fellow practitioner rapidly rising above his own standard. I have known jealousy to cause men to combine and plot whereby they might crush their ambitious and enterprising neighbor. Is not this degrading in the extreme? An occasional paper upon this subject would do much to tame such radicals and make them humane and charitable.

No profession has advanced more in the past twenty years than has ours; hence we should be manly enough to put forth our best efforts to maintain its position and dignity.

Dr. Green : I suppose we all have an idea that what we ourselves do is all right. This question of sending out itemized bills I had considered as a kindness to my patients. I never heard the custom

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questioned before. I have learned something, and I heartily agree with Dr. Rhein when I think it over. Hereafter you will find my bills made out for "professional services."

The President: If the gentlemen will bear with me, I will relate something I heard from two of our dentists. One of them was describing his method of making out a diagram and giving it to the patient on his first examination, and marking with exceeding care the approximate size of the fillings, etc., etc. He thought it was a most admirable device. The other one, who is a very distinguished practitioner of long standing, said "I don't do anything of the sort. I do not keep any record of operations." "Don't you make a diagram every day?" said the first. "No, I do not. I do in extraordinary cases, for my own benefit. When a patient comes back and says one of my fillings has come out, I don't care. I simply repeat the operation and take my little fee." "Don't you have trouble about it?" "Not at all. Sometimes a patient will 'kick' a little, but it occurs at such long periods it don't amount to much. I take the chances of it being somebody's else operation, and I think I have kept from my patients knowledge that might bother me a great deal." We should take a higher stand than a carpenter, who furnished you with a detailed statement of work done. If we are professional men, we are entitled to pay for professional services; and it is only in a suit at law, when you get into the courts—which I beg of you, gentlemen, never to do—it is only then that you will be required to give a detailed statement. I never saw a dentist who was not able to make up a bill and itemize it, when it came to the point, whether he had a record of it or not. This subject is of great interest, and I should like to hear it further discussed.

Dr. Baxter: I would like to read a note which I have just received from the Executive Chamber:

May 10, 1888.

My Dear Sir:

The Governor has taken up the bill you referred to this morning, and just signed the same. I am, truly yours,

William G. Rice,
Private Secretary.

Dr. E. C. Baxter, State Dental Society,
City Hall, Albany, N. Y.

"Professional dignity" was for the moment forgotten, as, in response to the call of the President, the assemblage arose as one person, and gave three rousing cheers for the Governor, followed by three cheers and a "tiger" for the Chairman of the Committee on Law.

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As soon as order could be restored, Dr. Jarvie said: I am sorry Dr. Carr is not in the room. He has an appointment with the Governor at one o'clock and begged me to keep the meeting in session till half-past one. I know Dr. Carr's mind will be greatly relieved. He has been working ever since Monday night, to get that bill signed while this meeting was in session. I am glad for his sake that the bill is signed; his mind will be greatly relieved. I am also glad, because it stops up all loopholes of previous legislation. I think we should all be happy over the signing of this bill, because it makes the dental law of this state the most complete of any state in the Union.

Dr. Baxter: I would state that the private Secretary of the Governor met me this morning, and assured me he would bring the bill before the Governor, but it was doubtful whether he would have an opportunity to sign it; if he did, he would send me word at once.

The President: On this twentieth anniversary we may be proud of ourselves, and feel a little puffed up. Here is our stenographer, who states that the Stenographers' Association has taken our law as a model for a proposed law for their profession. (Referring to the fact of the stenographers having taken the dental law as a basis from which to draft a similar law for that profession.)

Dr. Rich: In regard to professional services. My patients often say to me, "Dr. your filling has come out, what are you going to do about it?" I ask them, "Were you ever sick?" "Yes, sir." "Have a doctor." "Yes, sir." "Were you ever sick the second time?" "Yes, sir." "Didn't you pay him for his services both times?" "Yes, sir." "Well, I guess you will pay me both times."

Dr. Littig: I was taught a lesson about this matter some time ago. It was my custom to send out diagrams of my fillings, everything in detail. I had done so for some time, until finally a patient, to whom I had repeatedly sent them, came in and took occasion to rate me upon the diagram. He called it my "trade mark." I have never sent out one since.

The President: Again I ask your forbearance. To illustrate the absurdity to which these things can be carried, I want to relate an incident that came under my observation. There is a gentleman not a thousand miles from New York, whom I think is one of the most conscientious operators I have ever known. Not a great while since a patient of mine, who had been in my hands for a great many years, came to me and said she wouldn't be able to pay my charges,

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being somewhat reduced in circumstances, and they were looking about for some one who could render good services at a less price; and asked me if I knew this gentleman. I said, "Yes." "What is his ability?" "A good man." She said, "I have seen him, and am somewhat prejudiced." I said, "Why?" "In answer to my question about his charges, he said he had them regulated. Showing me a brass plate with small holes in it, he said he graduated his prices by those holes. For this size I charge two dollars, for that a dollar, for that five or more." Could there be anything more degrading? It had its effect upon that patient, and she would not go back, although the man is a skillful practitioner.

Dr. Jewell: I would like to ask as to the method most generally followed of sending in bills—whether at the end of six months, or a year, or at the end of the month after the work is completed?

The President: I should say, "Frequently."

Dr. Curtis: I used to send in my bills every three months. I have learned to send them in when the work is completed. I collect my bills promptly, and for that reason I have got the name of being "hard up." A gentleman who sent in his bills once a year, told me one of my patients said to him, "Curtis always seems to be hard up. He sends a bill in at once." When a patient is ill and wanted a favor, I would accommodate him for a few months, but in a year or so, after he is well, he will forget all about being sick. It is so with the physicians. Their patients send for them in a hurry when sick, but when they get well they think, "I did have typhoid fever. I must have been pretty sick." But they don't always pay the doctor.

Dr. Southwick then gave a talk on "Mechanical Dentistry."

"Mr. President and Gentlemen: I feel very much like a schoolboy called upon to recite, who does not know his lesson. I had laid out quite a long talk. I am going to talk about the mechanics of the profession. I am going to argue that all dentistry is mechanical, and that he who is not a mechanic born ought not to study dentistry. The fault I am going to find is that, in our examination of students, we are too lenient in the examination as to their qualifications to make good mechanics, and men who can make their mark in the profession. I do not think there is a man here, who could not put his finger on a number of men who make a living out of dentistry, although they are not mechanics. They blunder through dentistry all their lives, and cannot tell what they have done, or why they have done it. If I should go over the whole ground, your patience would be exhausted. Life is too short.

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"I am going to talk about mechanical dentistry as practiced in this country. Although bridge work now seems to be the only thing to do, I am going to talk to you about rubber—the simplest and shortest way to make a plate on rubber, and show you why it is that he who makes dentures on rubber, using block teeth, never has made a fit that he can be proud of. There are reasons for it, and I am going to explain those reasons, and how to obviate the difficulty, so you can all see it. Why was the old mechanical arch, that in architecture is called the Corinthian arch, made in a circle? Simply so that you could not crush it; because in it you had an arch that would defy pressure.

"Now, in putting up a set of teeth, you set up the old Corinthian arch. What is the result? The plate don't fit the mouth. And why? The material you have used is of vegetable origin, and is subjected to heat; liable to be burned; liable to expansion and contraction. Every article in this room, changes with the different seasons and changes of temperature in the room. The same holds good in rubber. Now, you will find your arch is subject to contraction and expansion. You fix the particles of the rubber at a temperature of pretty near 320 degrees. So long as you can keep the temperature of that rubber at 320 degrees, it will fit the cast perfectly. It cannot do otherwise. What does it do when you change the temperature? Think a moment. The temperature of the mouth is less than 100 degrees, so you see there is quite a difference. What does the plate do? It cannot crush the arch; so it pulls the heels of that plate together in spite of you. Mechanics again—the law of force. Just as the edge of the plate deviates from a straight line, just in that proportion will the contraction of the rubber be exhibited. You put the plate in the mouth, and it rides upon the hard palate. What shall be done? The only relief is to change it.

"This set of teeth, which I will pass around before I get through, was made upon this cast. There is something you want to learn. You have been talking about keeping diagrams. These casts are all the diagrams I keep. You had better not have any diagram. Let the patient do the lying.

"That plate was vulcanized upon that cast. Place it upon the cast, and you will see that it does not fit.

"That was vulcanized upon that cast, taken from the flask and cleaned up. Try to put it on the cast, and it will not go there. Why? Because of the contraction of the heels of the plate. If

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that was a perfect cast of the mouth, you would say the plate must fit the mouth. If it does not, it is not a perfect cast. The way I treat this to get a fit is by heating the plate, and putting in on the cast, and holding it with my fingers, and let the contraction lift the plate out of the arch. Then you have relieved it about the thickness of paper. Then put it in the mouth, and you have a fit as you want it. You just touch the palate bone, and it is just sufficient to bear the pressure of mastication. Just let it touch enough to exclude the atmosphere, and you have a perfect fit.

Substances that are affected by heat, are affected by the laws of contraction and expansion, which laws are governed by the differences in the temperature, and are the same always. A bar of iron at a cherry red, will always expand to a certain length. No matter for how long a time the heat is applied, on cooling, it will go back to its original length. Many claim that, by leaving the cast to cool in the vulcanizer, you get a better-fitting plate. When I have finished vulcanizing my work is done. After cooling I take the cast out and put it over a fire, or where there is sufficient heat to eliminate the water. In this way I preserve my model. The back of the model bears the mark, "Mrs. Brown, July 4, 18—." That is my record.

"I will go back to the treatment of the cast. When I have prepared it for vulcanizing, I have a cup of silex and water, with which I cover the entire cast and let it stand a few minutes; then, pouring hot water over it, run off the surplus. What silex has gone into the plaster will set, and the cast will come out as you see this."

Dr. Ives: Suppose your arches are overhung?

Dr. Southwick: All you need fear in such a case is the posterior portion. I often cut that off, so as not to destroy the vacuum. Another point: How do you save the cast when you get it out of the flask? The cast I show you is bevelled, as you can see, all around the edge. With a little solution of soap spread over it with a brush or anything you have a mind to, it comes right out when you get ready to take it out. With a little manipulation you can get it out of the plate very easy.

Dr. Brown: Do you vulcanize by dry heat?

Dr. Southwick: No, wet.

Dr. Rhein: Do you wait for it to cool?

Dr. Southwick: No, I take it warm; just so the rubber will not spring.

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Dr. Rhein: Would it not be best to leave it to cool entirely?

Dr. Southwick: It is a question of shrinkage. As I said in regard to the bar of iron, I don't care whether you take a week or a day to cool the bar, it will return to the same length or diameter it was before. It is like a spring that you hold down. You can hold it down as long as you see fit, but when you release it, it will spring back to its original position. If you hold the plate there till it gets cool, you can hardly get it off the cast.

Dr. Ottolingui: How do you get the best result in clean joints?

Dr. Southwick: In the first place I grind a good joint. I have what I call an facing wheel, about four or five inches in diameter, and I grind them perfectly straight and then fit them together.

Dr. Rich: I would like to ask if a case left over night will have black joints?

Dr. Southwick: I know no reason why it should. I often leave it over night, to give the plaster a chance to crystalize. The contraction of the rubber is very slow, but it is all exhibited at the heel. In other words, you have the resistance of a perfect arch in the anterior portion of the plate. Let me say with regard to casts: I have a bushel of them, all marked. For illustration, I put a plate into a mouth, and it fits perfectly. In two or three years the patient comes in and says, "My plate don't fit." I know what the fault is. I look up the cast, and find that the plate fits it perfectly. The form of the mouth has changed. I heat the plate and press it on the cast of the mouth, and she goes off with her teeth feeling all right.

Dr. Green: You were speaking a while ago about a bar of iron; that, if heated to a red heat, would be a certain length, and upon cooling, would come back to its original size. Is there more contraction after heating the plate the second time?

Dr. Southwick: Yes, sir. I will raise another point. We have vulcanizers that will vulcanize in from thirty to fifty minutes. If you want to get a good, strong plate, do not vulcanize for less than two hours, and do not carry the heat to over 300 degrees. I say, "Do not burn it. Do not go above the temperature that rubber will stand without burning." You can run it up as rapidly as you have a mind to, if you do not go above 300. I put two big lamps under my vulcanizer. It will do no harm till you get it to the burning point. I will vulcanize a piece of rubber an inch square, and I will have it just as solid inside as outside. I saw a statement that rubber

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had been vulcanized in thirty minutes. At 300 degrees it is impossible. It makes no difference what rubber you use, it is rubber, and you can only vulcanize by eliminating the sulphur.

Dr. Watkins: At what degree of heat, and for how long a time do you vulcanize where you have rubber dissolved in chloroform for the purpose of uniting broken pieces?

Dr. Southwick: In the first place, I do not vulcanize in that way. A clean-cut surface is what you want. I have never used the liquid rubber. I do not want a polished surface: I want a fresh, clean surface.

Now to come back to contraction. Dr. Purcell said, when talking about this subject, "I think the devil gets into my office about once a week." In regard to this plate, I want to show you I do not change the rubber at all. I simply hold down two points, and the contraction takes effect somewhere else.

Dr. Green then spoke of using a mixture of plaster and marble dust in making casts, claiming that better results were had with it than with clear plaster; that there was less shrinkage; that about one-third marble dust was the proper proportion to use. Also, that when blocks were broken it was generally done when the cast was put in the flask; that if the break was of such a shape that you could see it when it came out of the vulcanizer, it was broken when the rubber was soft, but if you do not notice it until the casts dry, it was broken when the block was wet, or after vulcanization.

Dr. Watkins: While talking about casts and impressions, I want to say a word about difficult cases. We have heard nothing at all about difficult cases. We have been talking about taking an impression for a full set. A difficult case is where you want to take an impression for a partial set, where there is a cuspid and bicuspid standing or leaning at an angle of almost forty-five degrees; perhaps the other side of the mouth the same way; or where the neck of the tooth is quite small; or where two teeth are standing together and another standing alone, at a little distance. In taking such an impression it is very liable to be all torn to pieces in getting it out of the mouth, especially if taken in plaster alone. I want to describe a method I have adopted. Take the impression in wax, and then cut around the spaces where the teeth were, in the wax, to leave room for plaster; leaving the roof of the mouth in wax, as it is when it is done. You have got a wax impression and can trim out a little strip

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to prevent the plaster from flowing back. Then have some wax very soft and press a little around the straggling teeth; fill the space in the wax impression with plaster and press well into position in the mouth, and on removal you have got a perfect mould of the entire roof of the mouth, and also of the irregular teeth. In that way you can be sure of getting a perfect impression every time.

Dr. Kingsley spoke of operations similar to that referred to by Dr. Watkins, saying they were, in his estimation, the most difficult; stating that he used a common plaster cup and carried an abundance of plaster right into the mouth—that one could hardly get too much. In that way an impression of everything was gotten. If the teeth are a little loose, you can break the plaster loose about them and take the pieces out at your leisure.

Dr. Green: This idea that the way *we* do a thing is the best way is entirely wrong. Dr. Southwick has his method of changing a plate. I doubt if he ever tried marble dust and plaster. He won't try it. I wouldn't be afraid to wager that there are many men who haven't. I do not say Dr. Southwick's method is not good, but I think plaster and sand much better.

Dr. Southwick: I am not defending or advocating any method; I am talking about the laws of heat, expansion and contraction. Make your cast of any material you choose the contraction of the rubber is the same, and always will be. I am only talking of a method to overcome the contraction of the rubber. When you have fixed the particles of rubber by vulcanizing at 320° and bring it down to the temperature of the mouth, having used block teeth, it will not fit.

At this point, Dr. Carr coming into the room, was greeted with tumultuous applause, on account of his success as Chairman of the Committee on Dental Law, in procuring the passage and signing of the new bill.

Dr. Carr: Before making my report, I was determined to make one more effort to secure the signature of the Governor. For early yesterday morning I was informed that it would be impossible to have the bill signed within two weeks. I determined to find who was closest to the Governor. I found that Dr. Baxter knew some one. I started him in the work this morning, and also got Dr. Walker into the harness. He understands how to do such things; he introduced me to some of the Republican Senators. He is a good Democrat, I believe, so they were not afraid of him.

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You all know how we succeeded in getting the bill signed, and it now becomes a law. I wish to thank all for the assistance they have given the Committee in responding so heartily to their call for help, during the past three months. I will do all I can in enforcing the law this year, so that there will be no illegal practising."

Dr. Southwick: Right here, while we are on the question of law, I want to say, for a good many years we have asked the Legislature from time to time for amendments, until we have finally gotten all we have desired. Now, as a matter of self-protection, do not let us ask them for a thing for a good while to come. If we do, the first we know they will sit down on us and wipe all our laws out of existence. I know how they feel. Three years ago they came pretty near wiping out all the dental laws on the statute books because we were bothering them. They have now done all they were asked to, all they were obliged to, and all that we can ask them to do, with good grace. We are now on the statute books to sue and be sued.

Dr. Carr: I will say that there were a great many objections found to the bill after it got to the Executive Chamber, because it was too severe; but I cleared them up pretty well. During the winter I received two or three communications in respect to the bill. They wanted to put into the bill a clause that it should be unlawful for any person to administer chloroform, ether, or nitrous oxide gas for the extraction of teeth, unless the person was a graduate of a dental college, or had received a certificate from this Society, or was a member of a regular society. We have now got all the law we need, so let us rest.

Dr. Jarvie: It hardly seems fair to the gentlemen who have read papers before us at this meeting, to keep them from being published until our proceedings appear. I would move that the gentlemen who have read papers be allowed the privilege of publishing them in any one of the dental journals. It will be just as well as when they appear in our transactions, and we will have them in that way very soon.

The motion was seconded by Dr. Brockway.

The President: I say frankly that I favor the idea, but I do not want to appear to favor the motion.

Dr. Ottolingui: Mr. Chairman. If the publication of these papers is confined to the transactions of this Society, their usefulness is ended, because the transactions will only be distributed to the members of this Society, a majority of whom being present have

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heard them, and they will only be valuable as works of reference, and even as such will not get into their hands for some months. Whereas, if published in the journals, they will have readers outside of the state, thus reaching the profession at large. As a writer of one of the papers, I should feel exceedingly glad if the Society should pass the resolution.

Dr. Rich: It is an incentive to the dentists of this State to become members of this Society, to get the papers that are brought before us. I would oppose the motion.

Dr. Line: As Chairman of the Publishing Commitee, and also as having a hand in publishing a small affair which is issued once in three months, I will say I am very much in favor of these papers appearing in a journal, the choice of the essayist. The paper is of small value after it is published in the transactions, as you seldom find editors or publishers taking anything from the transactions. It is "old" matter they assume, and they want "new" matter. I am heartily in favor of publishing these papers, and using the transactions as a means of permanency, for reference.

Dr. Jarvie's motion was duly put, and carried.

Dr. Ottolingui moved that the meeting adjourn at 2 o'clock.

Carried.

Dr. Mirick: It has been the custom to present our Secretary with a slight token of our regard. Although we have this year elected him to a more exalted position, I see no reason why we should depart from the usual custom. I move that the sum of one hundred dollars be paid Dr. Line as Secretary for his services during the year.

Carried.

It was moved that the report of the Committee on Practice be again taken up.

The motion was lost.

Dr. Atkinson: I rise to a question of privilege. There seems to have been a difference of understanding with the Chairman of the Committee in regard to what I said, which I feel it is important should be cleared up, as to the relations of the tissues. I am not surprised that there is a disposition on the part of some to put it down, but I am surprised that Dr. Curtis should vote against a question he is so much interested in.

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Dr. Curtis: I will explain. I thought that our time was so limited that we could not enter into the discussion of the subject. Now that I understand the object of the point raised, I should be pleased to hear from Dr. Atkinson.

The President: You cannot now go on and discuss the report of the Committee on Practice.

Dr. Curtis: I voted against the question. I move a reconsideration—that the subject be taken up for ten minutes. Carried.

The original motion was reconsidered, and was carried.

Dr. Atkinson: I want Dr. Rhein to make the statement that I understand he made before this body in my absence; so that I will catch the points he referred to.

Dr. Rhein: The point I raised was this: Dr. Atkinson spoke about the fibrous connective tissue being an important factor in the success of the implantation of natural teeth.

As far as I can look into the matter, I cannot see how that which is a limited pathological result is so important. The fibrous connective tissue is the direct outcome of the myxomatous granulating tissue, and even then it appears in nearly all the specimens we have seen, but it does not prevent the absorption of the root from going on. That is the point that I raised in regard to the matter. Under no anatomical standpoint can I admit the point raised by the Doctor.

Now, another point in his crisp criticism of the report was, with reference to the removal of salivary caluclus. I said that Dr. Atkinson took one extreme and Dr. Brockway another. Dr. Atkinson spoke about never scraping and Dr. Brockway about scraping. There are cases where it would be folly to use the scraping motion. Where the deposit could be removed without scraping, it should always be done, but there is a variety of calcareous deposit that becomes so adherent that it is almost impossible to remove it without scraping it off. Dr. Atkinson raised the point that a sharp-pointed instrument should not be used. Even where you do not scrape, a sharp-pointed instrument introduced under the tissues, will remove the calcareous deposit more easily and effectually and with less injury to the tissues, than a blunt-edged instrument. It requires skill to use an instrument of that kind, but that is something we are supposed to possess to some extent.

Dr. Brockway: I should not allude to the interpretation of my remarks that Dr. Rhein made yesterday, but that he now reiterates it. He seems to have a most peculiar conception of what I meant by

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the scraping of teeth. I meant nothing more than the removal of the extraneous material which is there by any means. He certainly does me a great injustice. I do not see any necessity of scraping the teeth beyond the matter of getting them entirely free and clean.

Dr. Atkinson: All I deem of importance in this matter, is to set this young gentleman on the right track. I am astonished to find so fine a histologist as I regard Dr. Rhein to be, so blind upon the subject, as to preclude the possibility of his coming to a conclusion that the tissues all begin with protoplasm. What is the next step in the forming of tissue? What we call corpuscles. There is where the great difference is—that they do not confine themselves to the single nominations of the structures. The giant cell is another form of the same material. Then we get connective tissue corpuscles, and they develop into that form where the lime salts are deposited—into the spindle shape, leading directly up to the undissolved dentine, by virtue of its being a higher grade of protoplasm—the embryonic corpuscles.

Hunter long since—a little over a hundred years ago—said: "Inflammation is none other than the return of the tissues to their embryonic state." That was a positive statement inspirationally made and now histologically proved. Another point was, it was no evidence of success that connective tissue was formed. I grant you that, where it has gone far enough, there may be a cell; cells and corpuscles which spread out into what we call a carneus body, dissolving the lime salts, and putting them into the condition to be absorbed. That is where they make the difference—between what is non-inflammatory and what is inflammatory. I could, in ten minutes, with a blackboard and specimens, convince a man trained to looking at the subject. If we understand what the embryonic conditions are, we would learn where this comes from, so we could get at a correct conception of the case—that the impregnating of the egg produces this condition of alternate movement in the generation of bodies that become bones and muscle and connective tissue.

Dr. Curtis: I agree with Dr. Atkinson in regard to inflammation. I would like to ask him how long he considers it necessary to reproduce the bone tissue that has been removed.

Dr. Atkinson: I cannot give an opinion where I have had no observation to base it upon. I will simply say that I consider secondary dentine a good representative of bone tissue. I know that can be formed so completely as not to be detected by me with my eye

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when I had exposed a pulp and put a gold plate over it. I did this on my birthday, the 23d day of January. This case came back to me with a beautiful reproduction of secondary tissue. It was just four weeks from the time it was put in, and there was such a secondary growth of bone as not to be detected by me.

The Society then adjourned, to meet at the Delavan House for the banquet.

ANNUAL ADDRESS.

BY PRESIDENT NORMAN W. KINGSLEY, D. D. S., M. D. S., New York.

If it were not that the code of this Society makes it imperative that the President deliver an Address, you would not find me voluntarily imposing myself upon you.

Addresses by Presidents of Societies are usually prepared and delivered in such a perfunctory manner that I regard the custom as more honored in the breach than in the observance.

It gives me pleasure to announce that important amendments to the Law regulating the practice of dentistry in this State have been made by the Legislature now in session, and the Act is in the hands of the Governor for his signature. The character of these amendments, their bearing upon our profession in this State, and a history of this successful application to the Legislature are embodied in a report to be made by the Committee on Dental Law.

It is not my province to anticipate that report, but it is my duty to inform you that this valuable addition to our legal strength has been wrought by the unaided efforts of one man. To one man only are we indebted for all the time, labor and anxiety, all the energy, perseverance and diplomacy which have accomplished this result. When this Society makes up its roll of honor, the name of the Chairman of the Committee on Dental Law will stand second to none. I shall leave it to the promptings of your generosity to show by something more substantial than mere words your appreciation of his untiring efforts.

The Board of Censors reports that six applicants have successfully passed their examination and are recommended for the degree of M. D. S. This makes the total number of those who have secured this degree 105, this is at the rate of 5 per annum for the twenty years of our existence—surely not an excessive number.

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There are some reflections upon this statement that it is well enough for the society to consider. The examinations of that board since the first year of its organization have been more thorough and more searching than the examinations of any other board or faculty of dentist examiners in the world. This is not said in any boastful way; it is an established fact. Every one who has gone through the ordeal can testify to the truth of this statement, and it is those who have been examined by other boards who most fully appreciate the degree here acquired. Every member of the board now, as well as all who preceded them, is and was actuated only by a conscientious fidelity to duty. They have discharged that duty in a manner which entitles them to our everlasting gratitude. Year after year they have spent their time and money to serve you; and when I say that they are entitled to your gratitude, that is the least you can do. You have taken their services, and except for a short time in the earlier period, you have returned them naught. This Society has received for their work more than $2,000, that is $2,000 taken without equivalent to the men who have discharged this delicate responsibility. Would any individual among you so treat a common servant?

If I should confine this address strictly to the requirments of the Code, it could be dismissed in a few words, but as such an act would be wanting in courtesy, I shall be pardoned for taking up some topics of general rather than merely local interest.

Twenty years ago, on the seventh of April, the dental profession of the State of New York came of age. At that date it was for the first time invested with legal authority to manage its own affairs. During all its previous history it might have been likened to a collection of inexperienced youths who could not be trusted with their own interests; who were incapable of self-government, and who could not be permitted to become citizens until they had reached the age of discretion.

Forty-five years ago, the American Society of Dental Surgeons recognized the necessity for some authoritative discrimination between the honorable and skillful practitioner and the charlatan and quack, and instructed a Committee (if in its judgment it was deemed feasible) to apply to the Legislature of the State of New York to legalize a State Society and empower it to do this work. That Committee reported at a subsequent meeting that in its opinion the time had not arrived when such action would be judicious or expedient.

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The reasons were, in brief, that the efficient working of the Law by the Societies created under it would depend upon the action of a majority ; if that majority were composed of men of intelligence and high aims the law would be safe and salutary, but if the opposite state occur, the law might "become a powerful agent for evil, by conferring upon unworthy men a dignity and power which their own merits could never command." "It would not only enable them to propagate their own species ; but what would be far worse, they would go forth under the sanction of law."

This feeling had not died out when, twenty-five years later, a convention was called to meet in Utica to consider the same subject. The honored first president of this Society had not entirely subdued his fears that the fullness of time had not then come, and he and his colleagues entered upon their work with many misgivings. But they builded wiser than they knew ; a liberal Legislature granted the Charter, and the Dental profession of the State of New York passed immediately from childhood to manhood.

The birth of dentistry was coeval with the birth of the present century. It was at that time men first began to follow it as a vocation. Previous to that time dentistry was an avocation ; an adjunct to the trade of the barber and the quack doctor. The first twenty years of our professional existence was an infancy which bore about the same relation to the last twenty years, as the toddling babe to the robust athlete. When we consider the narrow limit of the dental practice of that day—so limited that a hand book carried in one pocket would contain the whole sum of dental knowledge, while another pocket would carry all the instruments necessary to put that knowledge in practice—and contrast it with the libraries and office outfits of to-day, we realize that dentistry was indeed in its infancy.

In Shakespeare's Seven Ages of Man, the first stage is that of the infant in the nurse's arms, and the fourth that of "the Soldier, full of strange oaths and bearded like the pard." We are now in the fourth period of twenty years since the birth of our profession ; and if we do not show all the characteristics of Shakespeare's creation, we have nevertheless all the vigor, the courage and some of the aggressiveness that blustering blasphemer.

We have half a hundred local societies in this country, made up of men who have the courage of their convictions, and whose frequent contact with each other tends to develop character as no other

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experience can. There is no other profession which can show so much antagonism without bitterness as is seen frequently in meetings of dentists.

In this society we have shown that the fears of our founders have not been realized. To us was intrusted a delicate and responsible charge. The law of the State gave us power for evil or good, according as it might be administered ; we have been favored with steady brains and wise counsels. The provisions of the law have been carried out with firmness, with leniency, and with justice. We have avoided one extreme, into which we might readily have been led, that of dealing with violators with such harshness as to provoke the legislature to repeal our Charter. Even a less wise body than our board of Censors might easily have created an antagonism between itself and the dental colleges which would have been detrimental to both. With the power of that Board in the hands of unscrupulous men, incalcuable damage would have been done to our good name.

The year which ends to-day has been prosperous. The State Society has prospered, the district Societies have prospered, and individual members have prospered. Dentistry, as a profession, has advanced scientifically, practically, and socially. Dentists have a better standing in the community to-day than they had a year ago. The advance in this respect may not be perceptible in individual cases, nor may it appear in any marked degree in the mass, but it is a progress that every decade shows, and with the forces now at work is sure to continue. The principal factor in this social recognition is the driving out, through the efforts of this Society, of a horde of incompetents, leaving the field to men of better education and to more honest, faithful effort.

There has been within the last year another alleged recognition which has acted upon some men like the inhalation of a small volume of gas. It has puffed them up with vain conceits, and while it lasted, they really believed themselves of more importance than before they inhaled the recognition. The gas has evaporated, the exaltation is gone, but it has left the supreme satisfaction that for one short hour they were recognized.

I recently put to a dentist of long experience and observation this query: "What topic is of the most vital interest to the dental profession to-day?" His immediate answer was "Education." I pondered upon the reply. It had a hackneyed sound. If it be the

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most vital topic it certainly lacks freshness, for in every society which I have ever attended this has been the one question that sooner or later "bobbed up serenely," and upon which all were agreed; that education was a good thing. In a Society, some years ago, I discovered that one speaker's idea of education was confined to teaching the masses to come oftener to the dentist and pay him larger bills. Education in the minds of other dentists is that which they think their competitors need; as for themselves they get along very well. But that which my friend had in mind was the problem that has puzzled many of us and which the ideal dental college alone will solve.

I was young enough, and ambitious enough once to conceive that ideal dental college, and endeavored to build it. I fondly believed that such an institution could be so organized and conducted, that only selected material would be allowed to enter, that its curriculum should embrace so much of all the sciences as it was necessary for a dentist to know, and that when the student graduated, his diploma should be a passport to distinction in his profession the world over; that the mere fact that he had attained to the distinction of that diploma would be instantly recognized as proof of superior ability. But my dreams came to an end, for dreams of the future they were. I was in advance of my generation. The majority of the trustees of that institution, after a three years trial, could see no reason why that college should attempt anything more than other dental colleges; "it wouldn't pay," and immediately it sunk to the level of the common-place, and there it remains.

The inherent defect in all institutions for the education of dentists is that they must be made to pay. Teachers will devote their best powers, for a short period, for individual honor and the glory of the cause, but this being satisfied, they are human enough thereafter to want the equivalent for their services in cold cash. No institution for making dentists will reach the highest ideal until the financial aspect is entirely eliminated from the professor's calculations. When some benevolent billionaire endows a dental college, and assures fully paid salaries to the most competent teachers, then and only then, shall we cease to be interested and anxious about dental education.

To another acquaintance I put the question: "What subject is of the most vital interest to dentists to-day?" and his answer was "the domination of the dealers in dental materials over our profession." I asked him "How?"

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He answered me, "They run our periodical literature, they admit nothing into their columns which conflicts with, or would tend to restrict, the sale of their own manufactures. They form combinations antagonistic to our interests, by which competition is broken down and small dealers are forced into the "Trust," lest their wares be boycotted. Valuable inventions of dentists are shelved and smothered, because the inventor, not having capital, must seek the manufacturer, and the invention that might prove of incalcuable value in practice is wrung out of the inventors' necessities and buried; or the more villainous practice resorted to of stealing it, so that the impecunious inventor must waste his little substance in seeking redress in the courts. Again, inventors have been denied an exhibition of their inventions at public clinics because it might interfere with the sale of articles already manufactured, designed for the same use, and Societies have even refused the exhibition of goods other than those of the favored manufacturer. And yet we boast of being an independent profession! Independent of what? To this scathing indictment I made no other reply than the words of a celebrated criminal, "What are you going to do about it?"

To still another dentist I repeated my query as to the topic of most vital interest, and his reply was, "Shall we retain our independence as a profession, or shall we merge ourselves in the organizations of another?" And I answered him, "Are we not already merged?" Was not the seventeenth part of an organization offered us, did we not go there in hordes, and did not each one who had no degree, confer upon himself the title of doctor, write it before his name, and immediately become a member of the medical profession?"

But I am only met with a smile of cynical incredulity as my friend goes on to say I "must be simple minded not to see that immediately on the adjournment of the great Congress we relapsed into mere dentists, that we are only medical men *protem*, just long enough to be counted in the aggregate and to collect our ducats." "Don't you know," said he, "that the ones who appreciated that precious privilege the most, belong to the very class, that in this State, we are trying to drive beyond our borders; that we would not permit them to become members of this society? But they can become medical men by the stroke of a pen and then find rest in the bosom of their mother."

"As a scientific meeting of dentists, that gathering was inferior to some of the meetings of mere local societies. It has adjourned and

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passed away with only a ripple left to tell where it was, and to-day the status of dentistry is unchanged. We are as we were before, interested only in our own organizations, in which we can be vastly more effective."

Let me continue this topic by saying that the agitation of this subject points unmistakably to the formation sooner or later of an International Dental Congress. There is now an effort to create an opposition to such a Congress by trying to make it appear that it would be the rival of, or the antagonist of a Medical Congress. Such a view is forced and out of all reason. There is no more conflict between them than there is to-day in this country between the American Medical Association, with its section of dental surgery, and the American Dental Association, which is made up exclusively of dentists. Neither interferes in the slightest degree with the freedom or usefulness of the other.

It is folly to suppose that that section in the American Medical Association is going to supplant our American Dental Association; the temper of the dental profession will not permit it. It is equally folly to suppose that a section of a Medical Congress is going to satisfy the desire for an International Dental Congress. Organizations of dentists are too firmly fixed to be broken up and disbanded by merging in other organizations. Even if the future develop a tendency in that direction, it must be a later generation which will take kindly to the change.

Sooner or later it is the duty of the dentists of the State of New York to take action on this matter, or throw away the prestige they now rightfully hold. The Empire State has a larger number of dentists within its borders than any like area elsewhere. It has a larger number of world renowned men. It has more and better local organizations and an unrivaled *esprit de corps.* Some of its local societies have contributed more to the scientific advancement of dentistry than any other society in existence. This State was the first to adopt and successfully put in operation a law regulating the practice of dentistry ; and this State has to-day the best and strongest law that exists. It was in this State that the idea of an International Dental Congress was first conceived and publicly announced.

The eternal fitness of things points to this State as the place of all others for an International Congress, which shall be the first of a series likely to continue when we and our acts of to-day have been forgotten. Every sentiment of patriotic devotion to our profession

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urges us to stand by the organizations which we have spent a lifetime in building and maintaining. What we have achieved we have done in the face of obstacles to which a less courageous and persistent body of men would have succumbed. We are respected because we command respect, we shall command it still more by showing to the world that we are not ready to throw away lightly that which has cost us so much in acquiring.

The antagonism to a Dental Congress looks unmistakably to the ultimate abandonment of all distinctly dental organizations and merging them in sections of medical organizations. Nothing could be more fatal to the two world renowned Societies in New York City—the Odontological Society and the First District Society, than to sink them into a section of the County Medical Society. Nothing would sap the vitality of the Dental Society of the State of New York so quickly and so thoroughly as to reduce it to a section of the State Medical Association.

Of this State Society and its work I am proud. I am proud of being, by your suffrages, its president. I am proud of you, my fellow workers of twenty years; and when I leave this chair, not to return again, let this my message, borrowed from another, ring in your ears. "STAND BY YOUR GUNS BOYS."

WHAT LACK I YET?

By W. H. ATKINSON, M. D., D. D. S., New York.

This was the query of a well educated and honest young man of the great Teacher we have been commended to as the type of intelligence, purity and beneficence. "Go sell all that thou hast and give to the poor, and come and follow me and thou shalt have treasure in heaven," was the answer He gave him. The young man at the hearing of that saying went away sorrowful, "for he was very rich" in the things he had been taught to value above all else, viz.: earthly treasure. What was the "lack" of this specially correct young man? Doubtless it was lack of breadth of knowledge and grasp of foundation principle. He had kept the commandments, paid tithes and fulfilled the outward requirements of the law, which so far as it goes is commendable; but he had failed to see that wisdom and knowledge do not belong to the individual but are the common inheritance of all who are in need thereof for their guidance and direction and who feel the need of instruction. But

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to those who feel that they are full and lack nothing worthy of being desired by them, have no need for further preparation and therefore consider their studies at an end, and their ability to meet the demands of duty complete. This has grown out of didactic, rather than demonstrative methods of teaching in which a repetition of memorized sentences passed for evidence of qualification, upon which diplomas are granted to those who comprehend not the doctrines involved in the words of the didactic teachers, thus perpetrating a fraud upon pupils and the public they are to serve, no less than bringing manifold sorrows to patient, pupil, and those who taught them.

The great lack is the want of courage to obey the dictates of personal conscience rather than the behests of fashionable domination of reigning error as the arbiter of the thing to do, which grows out of the assumption of authority as absolute on the part of accepted teachers ; and shuts the door to improvements in, not only modes of expression, but also better methods of mentally struggling with foundation principles and functional activities of mind and body. We are liable to take sides and argue instead of searching for knowledge of principles and practices. As we are not yet complete in knowledge we should be more courteous to our fellows and give them the like liberty and hearing which we desire for our own views and practices. How often do we hear criticisms of practitioners made from the statement of patients without due consideration of the one-sidedness and looseness involved.

Most of us lack the knowledge which would lead us to be patient and forbearing towards patients who assume to be able to "size us up," so as to entitle them to *direct* us just what to do for them, and to closely scrutinize each little step which they suppose to interfere with what they regard as correct practice. Many are of the belief that the enamel is an exceedingly thin stratum on the surface of the tooth, and any loss of it will expose dentine to inevitable decay. Very young and very old practitioners are likely to resent this sort of dictation in a brusk if not unkind spirit, thus leading to antagonism between patient and practitioner, which is easily avoided if we put a check rein on our personal dignity and dispassionately instruct the patient in the principles involved, in such a manner as to convince them mildly that we are master of the situation.

A genuine courtesy, instead of the commercial, artificial, outside and fashionable, regulation style of the article, is a very great lack

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among dentists as exemplified in the conduct of those who give and of those who need counsel in special cases. Some who send patients to others for special exercise of skill, have found the specialist to transcend the limit intended by taking the whole charge with the assumption of superiority in *all* departments, and insinuating that the entire control by *one* is best for the patient.

It requires intelligence and probity to so conduct the management of such instances as not to be laid open to the charge of lack of courtesy on the part of those desiring counsel, and of those desiring to afford the same so as to attain the highest good to all parties concerned. It is probably not because of any special wickedness on the part of those who undertake doubtful cases until they can go no farther without counsel, more than it is in the called counsellor to transcend the limit of investigation and advice. In fact we have no means of didactically instructing learners by which they may be qualified to comprehend the limit of their attainment so as to induce them to call counsel before undertaking difficult cases. The only adequate method of soundly instructing pupils and practitioners is through the medium of clinically conducting the management of simple, ordinary or extraordinary departures from normal condition by pooling the strength of the teacher and pupil in clinical management of all varieties of deformity or disease for which we, as dentists, are consulted.

All that is necessary to substantiate this statement is to take a survey of the rise and progress dentistry has already made.

In this review it will be readily seen how common it is for old practitioners to assume that their time of service must have acquainted them with the profoundest knowledge, and best exercise of skill. The assumption on their part renders them liable to undervalue the knowledge, sharpness and facility with which the new graduate holds himself as being endowed, thus discouraging the fresher understanding and methods of the fledgling and unduly underestimating them, instead of patiently affording them an adequate hearing. The great difference between thirty years ago and to-day has grown out of the association of all sorts of dentists in open discussion and clinical demonstration by reason of the forming of societies before which these may be had all over the country, and yet we have successful practitioners who hold themselves aloof from associations, and brilliant graduates who fail to appreciate the best practices simply because of their exclusiveness.

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In closing, I deem worth repeating what was said through me when considering the subject of association among dentists long since. The desire that springs spontaneously in the heart for association is dried and killed out the moment we begin to calculate what it will cost. Be assured, the greatest lack of the profession, after breadth, is want of earnest, frequent communion; and the time has come when we cannot afford, even in a pecuniary sense, to ignore association. For, as where the most fuel is, the fire is hottest, so where the atmosphere is redolent of truths and of facts, principles and methods, the most rapid and the least expensive advancement will be. Then let us come together in the spirit of true fraternity and feel, one after another our lacks, that we may finally stand disenthralled and fully enfranchised with all that truly constitutes the professional, christian gentleman.

Had we one single leader who filled the measure, and devoted himself to the elevation of our standard, regarding that work as a mission committed to him that he dared not neglect, more would be done to advance the profession in the next half decade than has been done in all the past.

This may seem like hyperbole to some, but it is sober truth, and will be demonstrated to the most obtuse when the conditions are fulfilled. Who, among us all, that has tasted the sapid contact of open, free, fraternal association in our conventions and more regular gatherings, but has resolved at that time, to make it a point to be more prompt in their support in the future?

But alas! "Like the sow that was washed," we too often drop in the mire of isolation on our return to the field of our daily labor.

I do not say all who ever enjoyed contact in our gatherings thus resolve, but I do say, all who are alive and worthy to enjoy such opportunity repeated do make honestly just such a resolve. Circumstances may control us for a time; but if we are in real professional, christian, or human earnestness we will make circumstances in turn come under our control, and minister to our joy and profit every way. Here, as elsewhere, he who is solicitous to save his life (time and money) shall lose it;" while he who is willing to trust God or noble humanity, even if he should lose part of his time, money, or life, will the more certainly "find it." Having freely received of the arduous labors of others, it is imperative that we freely give (not sell) to others of our labors. Lack of ability or willingness to communicate what we know, is a heavy incubus on the profession.

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I often feel that an earnest spilling over of our best and choicest items is but too nearly allied to casting pearls to swine; yet one advantage it always possesses, i. e., the disposition and ability to communicate are both increased by the practice, even at the hazard named. Lack of habit of communicating, or want of "keeping the hand in" is also a fruitful source of failure in otherwise competent and efficient workers.

If we have new cases in abundance, we need not recapitulate in the labratory the cases of our pupilage and daily toil; for in those new cases we have the double stimulus of doing good to others as well as receiving good. In like manner we should review our studies, text-books and old journals, in the lack of new matters, on which to appease our mental appetites. It is, depend on it, a possible thing to forget; the hand may forget its cunning, and the heart may forget its interest in the multifarious exercises of life; hence the necessity of a surety of the past to show us certainly where we stand now, that we may be stimulated to proper excellence in the work of "head, heart and hand." It was once queried "Thou that teachest a man should not steal, dost thou steal?"

We all acknowledge the rectitude of principles; let us see to it that we also respect the rectitude of correct practices, by coming out of our puerility and self-hood in these, as fast as we may. Earnest preparation, close examination, faithful execution, cleansing and purifying ourselves by severe recapitulation at each period, repeated throughout our career, will insure proximate completeness to every one honestly exercised thereby.

THE ESOTERIC LAW OF CURE.

By RODRIGUES OTTOLENGUI, M. D. S., New York.

An exposition of the curative principle which underlies the various systems known as Allopathy, Homeopathy, Hydropathy, Phrenopathy (Christian Science) and Pathetism (Animal Magnetism).

Before entering fully into the discussion of my subject, I will devote a few words to the explanation of my title and why I chose it. The words are, "The Esoteric Law of Cure." This if analyzed is resolved into a statement of two facts: First, that there is a definite law of cure; Second, that it is esoteric.

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Civilized man, as he is found to-day, is diseased, and therefore there is a large demand for relief or cure. In response to this demand we have innumerable systems and each takes unto itself the credit of effecting the cures which occur under its specified modes of treatment. My object is to endeavor to show the true status of the various schools. I will demonstrate my meaning more clearly by analogy.

Imagine, if you please, several tall church steeples in a row. On the summit of each a golden ball exactly poised; below a number of indviduals. A man raises a rifle and fires a lead bullet at the first of the balls, and his aim being accurate, it falls to the ground. A second, with the strength of his arm alone, speeds a stone towards the next ball and is equally successful in bringing the prize to his feet. A third climbs up the slender spire and touching with his hand the golden orb it descends. A fourth ball is thrown down by the contact of a bird's wing, as it passes high in the air, and a fifth may be brought down by the destruction of the whole foundation of the edifice which supports it. In each of these cases the result, the descent of the ball, is the same, but shall we rest satisfied and say, "It may be brought down by either of these methods!" Science has not been satisfied, but has probed deeper, and discovered that far from descending from different causes, there is a potential law which operates in each and every instance, the law of gravitation. This is the position exactly with the healers of disease. They stand in my analogy as the men on the pavement, whilst the gilded ball is Health, which has soared above their reach, and at which they direct their different methods; and when they succeed they plume themselves and take credit. As in the analogy so is it here, by what ever method a cure be effected it must be in obedience to a fixed law.

I have said this law is esoteric. What do I mean? In the most ancient schools of philosophy the terms exoteric and esoteric were used. Among the Hindus, Chaldeans, Persians, the Hebrew Cabalists and again the Christian Catholic church all agreed that knowledge is esoteric. The exoteric meaning of things for the multitude, and the esoteric for the initiated. Modern scientists claim that they are more liberal, and they deprecate this system, and yet they are no more free of it than the ancients. Medical men write their prescriptions in Latin, and clothe almost all diseases in mysterious sounding appelations. They claim this is not secrecy since science is open to all who will study her. This was just the position of the ancient

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philosophers. Any and all men with intellect and persevering courage were welcome to initiation in the profoundest speculations of the world. But this is also the truth in connection with Nature. Nothing is explained, although the greatest secrets of the universe have been mastered by those who have had the will to gain the knowledge which nature held esoteric from the commoner mind.

And so I call this Law of Cure esoteric because it is not yet fully understood by men. In fact not even recognized as existing by many. All I hope to do in this paper is to point out its existence that, having admitted so much, more endeavor may be made in the future at greater revelations in regard to the Law.

I shall divide this paper into two parts. In the first pointing out some of the tenets of the principal systems, and in the second endeavoring to harmonize these methods with the law.

Schools of treatment are innumerable. I will consider only what I deem the most important, viz. the Allopathic, Homeopathic, Hydropathic, Phrenopathic, and what I shall take the liberty of calling the Pathic.

The Allopathic system was not so called until the advent of Hahnemann the founder of Homeopathy. He invented the word as a distinction to his own system. Derivatively it indicates that cure is effected by producing "other feeling." It is supposed to employ drugs which if given to a healthy person would not cause the disease to be combatted. Thus the treatment now used by the bacteriologist is purely Allopathic. I heard at a recent society meeting the charge made that the use of Bi-chloride of Mercury 1 in 500, and Potasso Mercuric Iodide 1 in 200, is a move in the direction of Homeopathy. This is an error. Pus has been found to depend on Bacteria. Next it has been demonstrated that these microbes may be destroyed with these drugs, and that too in the dilutions indicated. Thus if these drugs be applied to a surface it is manifest that puss will not result, and if to a suppurating surface suppuration is allayed. That is strictly in consonace with the Allopathic doctrines. Allopathy has never confined itself to specific doses. Again it should be remembered that the environing laws of Allopathic treatment were really assigned to it by Homeopaths. The Allopathic system as it stands to-day is really nothing but the result of scientific research and experiment. A certain drug or appliance is tried, succeeds, is reported and used by the fraternity until it is adopted or discarded. With the more special details of this method of treatment you are familiar.

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Homeopathy was founded and made into a science by Hahnemann. As the derivation of the word indicates, the devotees at this shrine bow down to the law "Similia Similibus Curantur." So far however from it's being true that Allopathy has been tinged by Homeopathy is it, that the fact is really the other way, and the Homeopathists of to-day by no means adhere strictly to the doctrines as promulgated by the founder. Hahnemann claimed that nature is a bad physician and not to be trusted. Drugs given to healthy persons produce disease. Such administration of drugs and the record of results, was called proving, and is the main part of the literature of this sect to-day. The proper remedy for a specified disease was that which produced symptons most nearly identical with those known to accompany the disease. Attenuation of the dose was necessary, and attained by trituration, succussion, and dilution, and develops the "Spiritual power which lies hid in the inner nature of medicines." (Organon, 20th sec.) The greater the attenuation of the dose the more powerful it became in curative efficacy. This is a very important point in connection with this method. Hahnemann was a great believer in the spiritual potency of drugs, and in fact carried his ideas to such an extent that in the edition of his Organon published in 1833 he claimed that for a year previous to this revision of his work he had cured all diseases by *Olfaction, even where patients had lost the sense of smell.* Indeed it may be said that this is the only portion of the system that was really original with him. In the 1658 edition of Paracelsus occur the identical words "Similia similibus curantur," and in another passage the words "Simile similis cura, non contrarium." The causes of disease says Hahnemann are "Spiritual immaterial, impalpable dynamic—let the cure be similar." He also claimed that two thirds of all diseases were caused by "the itch." Itch has been since shown to depend on an ugly crab-like insect.

Hydropathy, or water cure though very old may be accredited to Vincenz Priessnitz (1829) Whilst this great man undoubtedly did much to make a science of this method, it is to be regreted that he did not leave behind him any record in writing. I cannot do better however in giving the details of this doctrine than to quote from a work entitled Esoteric Anthropology, by T. L. Nichols M. D. He summarizes as follows.

"Physiology—Harmony in the soul; energy in the vital or nervous power; purity in the organism. Unity of God man and nature.

Pathology—Inversion of the soul; exhaustion of vital or nervous energy; impurity of organism. General disintegration.

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Therapeutics—Harmonization of the soul; invigoration of the vital or nervous energy; purification. Integral restoration.

The Physiological condition is that of health, harmony and fulness of life.

The Pathological is one of disease, discordance and dissolution.

The Therapeutical is one of hope effort and restoration.

So united are the three terms of each condition that each one may produce the two others; or if we can produce two, the third is almost sure to follow. The best or worst results however are derived from the concurrence of all three.

For instance, harmony in the soul gives energy of vitality and bodily purity. Energy of vitality purifies the body and harmonizes the soul. Bodily purity gives energy of life and harmony of feeling.

Or, Inversion or discord of the soul produces exhaustion and impurity. Exhaustion brings discord and impurity. Impurity brings exhaustion and discord.

On the other hand, harmonization or faith and hope give energy and purity. Invigoration inspires hope and causes purification; and a simple bodily purification will go far to produce vigor of life and harmony of spirit."

It may be dificult at a glance to take this in, but I have given this passage in its integrity because it is the most comprehensive philosophy of the kind I have found anywhere. It will be noticed that in the last formula it says "Bodily purification will go far to produce vigor of life and harmony of spirit." By bodily purification here is meant something more than a clean surface exteriorly, and its full interpretation is the basis of Hydropathy. The Hydropathist will claim that all impurities that enter the system of man must be disposed of in some way. He will tell you that all things are impure which cannot be utilized by the human econemy and become a part of the body. Of all the food that enters by the mouth not one tenth passes out by the anus unless it is very improper food, in which case it is not strictly speaking food at all. The excrement is made up mainly of effete matter, waste or dead tissues. Through some or all of the excreting organs it is the first intention of nature to rid herself of foreign or useless bodies; failing in this, Francke a German Physiologist and Hydropathist claims that "in all cases where poison or morbid matter is not at once cast out of the system, it is enveloped in a coating of mucus to prevent it from doing further injury, and

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then either carried out by the usual process or, if this cannot be done it is retained in the system, each atom being thus slimed up, and protected from doing mischief."

These matters accumulate in the system, and there is a constant effort to drive them out; and every cold, every fever, every paroxysm of disease is such an effort. Sometimes masses of these slimed up matters, medicines and other poisons, are collected along the walls of the stomach and intestines covering and rendering useless large patches of these organs.

Basing their system of treatment on this theory of disease the Hydropathist next seeks the most efficacious method of assisting nature to rid herself of this slimed up matter. And he finds water to be the agent he is searching for. Water is the nearest we have to a universal solvent. Entering largely into the composition of all living beings it is by its agency that all vital processes are performed. It is the great agent of digestion nutrition and excretion. It is at once the vitalizer and purifier of the world. The matter which is carried out of the system is first dissolved in the watery portion of the blood. It passes from the lungs dissolved in vapor, from the skin in perspiration, from the kidneys in urine from the intestinal canal in fœcal evacuations which are poured into it through a million sluice ways, by the agency of water which is again reabsorbed. Thirst is the call of the intelligent organism for water. It is a common symptom of disease and specially of disease arising from impurity rather than exhaustion. This is sufficient to show why water is used. As to how water is utilized I have not space enough to give details. It is mainly used as a draught, hot or cold as may be indicated, as various kinds of baths, and much dependence is placed on the wet sheet pack. This is a wet sheet with which the patient is wrapped nude, and then further wrapped in several blankets. A patient kept in the wet sheet pack perspires freely, and such impure matter as nicotine has been known to pass out so copiously in this way as to dye the sheet profusely. Wet bandages and compresses are also resorted to. There is one other point however of importance and that is diet. If the idea of stored up impurities is accepted and an effort is made to assist in the excretion of such matter, it is obviously wrong to ask the body to assimilate new material to any great extent during the process of purification. The patient is therefore reduced as nearly as practicable to a starvation diet, and only allowed the most nutritious food in small quantities when eating is recommenced. Light is also looked upon as a great curative agent. Animal magnetism and all pleasurable emotions are admitted to be potential.

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I have used the word Phrenopathic. This word cannot be found in Webster: never the less it is very commonly used among writers on Mental Therapeutics. Not long ago a prominent physician in Chicago was asked "What do you think of Christian Science?" and replied "It is not Christian, and it is not Science." In so speaking the eminent M. D. took advantage of what he thought an opportunity to say a witty thing and at the same time hide his ignorance of the subject. Christian Science is not only science, but it is based on the profoundest philosophy the world has ever recognized, which is known to-day under the general term Occult Science. This statement will perhaps not be admitted by many of the Christian Scientists, but a perusal of the works of the best writers on this subject will not fail to attract attention to the fact that the authors are most intimate with the occult literature of the day, and that many of the claims made for their method are similar to the powers accredited to the initiates of the Eastern temples. In speaking of Christian Science under the head of the Phrenopathic system I do so because it seems to me to embrace all the minor systems, such as treatment through the imagination without regard to religious faith, and other doctrines known as Faith cure, mental healing etc.

What then is Christian Science? Christ be it understood is considered simply as the health principle. His manifestation on Earth in the shape of a physical man, was to demonstrate to mankind the possibility of living free from disease. Christ then existed before and during his manifestation, and continues to exist. There lives not a man who cannot say "I am I" this is a recognition of spirituality. The *ego* in man is the imperishable element. All things which are imperishable in the whole, must be imperishable as to its parts. Therefore there is no part of the *ego*, which can be destroyed. Disease means destruction, therefore by analogy the *ego* cannot be diseased. What then is disease? It is a patent fact that the senses are not reliable, that is do not report accurately. A man at the equator is flying through space at the rate of a thousand or more miles a minute and is unconscious of it. If on a cold day the hand be immersed in water the water will seem to be colder than the atmosphere, whereas the fact is it is several degrees warmer; a straight stick plunged half its length in water seems curved, etc. So with other matters. What we call sorrow is but the absence or recollection of pleasure, and disease is only an evil as long as it is so considered mentally. A good thing cannot give pain. Disease if understood will be seen to be an effort on the part of nature to restore harmonious relation of

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spirit to matter, such a process is of course good and not evil, and should afford pleasure rather than pain. Therefore if pain result it is not from the process so much as from the mental aspect towards what is occuring. Thus it is that the Christian scientist will prove to you that disease is only a misapprehension in the mind, and can be controlled by the mind assuming a correct disposition towards it.

He will tell you that there are three classes of sensations indifferent, pleasurable and painful.

As an example of indifferent sensation I can cite the contact of our bodies with our clothing, and with the atmosphere.

Pleasurable sensations are those for which we have a strong desire the strength of the desire augmenting the sensation. Thus thirst makes drink more pleasurable.

Painful sensations are those for which we have an aversion, and the more intense the aversion the more painful the sensation. Thus a man may drink and enjoy a draught, and then vomit it on finding a fly at the bottom of his glass. Accepting these doctrines as we must the cure of disease mentally, is to disabuse the mind of the idea that the outward sign of the trouble is an evidence of evil, and accept it simply as an effort of nature at restoration, and so a pleasurable instead of a painful sensation will result. Have we any evidence of such metamorphosis? Abundant. A man given a quail to eat experiences a pleasurable sensation in its assimilation. Let him eat one every day and the result will be first the intermediate stage indifferent sensation, and gradually the opposite to the original state, or painful sensation, so great that at last nothing will tempt him to eat quail. This is true of any indulgence continued long enough. A similar change may occur beginning with the painful sensation. A sensitive body will rebel violently at first to a cold shower bath, will gradually become indifferent, and finally revel in the most luxuriant sensation to be thus attained. Thus far it is seen I have shown only how the Christian scientist asks his patient to cure himself ; there is also much to be done by the healer for the patient. First he instructs his patient absolutely not to speak of his sickness, and as far as possible not to think of it. Much depends on the attention the mind gives to the affected part. Constant conversation on the subject of the disease emphasizes the idea of there being disease and necessarily augments the disease, since the disease is but mental misapprehension. Conversely distraction of the mind from the idea of disease abates the trouble and is sanative.

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The healer must himself be strictly well. In his attitude towards his patient he must firmly but gently deprecate the idea of his being sick. The very atmosphere which he brings with him to the sick room must be redolent with the ideas of health. But it is not alone in the presence of the sick that good may be done. There exists such a thing as thought transference. That is the operator may impinge his thought on the mind of the patient even though miles separate him. If this be an admitted possibility, and it is further conceded that the idea of health in the patient's mind will result in health, it is plain that when absent from the patient the operator must charge his own mind and thence the mind of the patient with the thought that he is recovering. As to the possibility of thought transference it is claimed that this has been undoubtedly proved. A society was formed a few years ago in London and the most thorough series of experiments tried the result of which proved beyond a doubt to the investigators that this phenomena is demonstrably true, and therefore scientific. A full account of data on this subject can be found in a work by Henery of Boston. A very common instance is seen in the following; two pat sayings are familiar to us, "speak of the devil and his imps appear" and "talk of angels and you hear the flapping of their wings." These remarks are made frequently when, after speaking of a person, he unexpectedly appears in the midst of a company. This is explained thus: A party of persons being collected, and an individual unexpected approaching them, the individual has his mind intent on the visit he is about to make, and the surprise he will create. This is a thought of sufficient intensity to impinge itself on the mind of one or more of the assembled company; thought always seeks outward expression, and therefore the person or persons thus affected at once speak of the individual approaching, without of course recognizing the occult influence at work, and the result is that in the midst of general discussion about him the person enters. This idea of thought transference is plainly inherited from the Brahmins.

The following passage in a work entitled "Esoteric Christianity" by W. F. Evans shows also that many of his opinions are colored by the philosophy of the East.

"The gift of healing seems to be a natural endowment. Persons possessing it will cure by the mental method or any other. Their spiritual atmosphere is charged with a sanative contagion. Their presence and their touch are healthful to the mind and body of the

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patient. We all know such physicians. Their very presence is medicine. The sphere of their mental life is more potent than their drugs." A similar idea to this can be found in "Art Magic" a work which describes ancient worships.

An erroneous impression has gone abroad to the effect that Christian science precludes the use of drugs. This is not true. Christian science is simply a profound philosophical speculation into the possibilities of man's attainment in the direction of controlling his body and making it subserviant to his higher self or mind. In this it but follows a natural consequence. Christianity itself as can be clearly proven to him who is not blind is but an outgrowth of the oldest philosophies in the world, and the very claims that the Christian philosophers of to-day are advancing as a possible attainment for man in a future improved condition, the Hindus and other Eastern people have known and believed in for centuries. Evans plainly says that though these things are possibilities, it must not be supposed that cures can be effected by these means on any and every one as we meet them to-day. Such cures have been effected, and what has been done is demonstrated as possible, and is therefore scientific. To quote this author once more "we would take occasion to remark that no intelligent practitioner of the mind cure will ignore wholly all medical science. Mind is the only active principle in the universe. The mind of a skillful surgeon performs marvels in saving the lives of people. The phrenopathic system of cure is not necessarily antagonistic to other methods, as the various hygienic regulations, and even the use of harmless specific remedies."

In leaving this part of my subject for the time I will quote from the poet one more passage.

"The man who has never found out that he is sick is well. Much of what passes current for medical science is well calculated to give to people this hurtful knowledge and many diseases arise from it. It teaches men to find out in the most scientific way that they have a particular malady. It sets them on a hunt for symptoms of disease and they are quite sure to find them. But the mental science of health and disease instructs men how to find out that they are not sick, which is the best of all remedies."

"The surest way to health, say what they will
Is never to suppose we shall be ill:
Most of the evil we poor mortals know,
From doctors and imagination flow."

—*Churchill.*

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Once more I am constrained to admit the use of a word not in the dictionary. Pathetism however appears and was coined by Sunderland, and I have used Pathic as an adjective merely for a temporary purpose in this paper to make the names of the methods I am describing analogous.

The phenomena of Mesmerism may be divided into two classes, and I should call them subjective, and objective. The former is the latest and is known as Hypnotism. After Mesmer and his followers had claimed the existence of a magnetic fluid, Dr. Braid of London conceived the idea that the subjects really superinduced the trance on themselves, and after many experiments proved that the same or very similar conditions could be so induced, that is to say without any mesmeric passes. He has given us a valuable work in his "Neurypnology" and others on the same subject. His method is simply to hold a bright object before the eyes of the patient compelling continuous gazing at a very acute angle. The result he claims always to be as good as in the mesmeric method. It is questionable however whether the cures effected by him were not after all due to his magnetic influence, even granting that he induced the sleep artificially. At the same time it must not be forgotten that sleep itself however induced is sanative. I would speak however more specifically of the second method, Animal Magnetism. No one can read the literature on this subject and deny the existence of the phenomena. The evidence is too irrefutable. I dare to say that the discovery of the anæsthetic properties of Nitrous Oxide, Chloroform, and Ether, at just the period at which it occurred was a positive misfortune. Magnetism had just reached a point where it was attracting the attention of the world, when the discovery of the properties of ether placed in the hands of the medical fraternity an easy method of controlling pain during serious operations. This discovery however was considered so important that the Congress of this country appointed a commission to decide who should have a reward.

Dr. Esdaille wrote a letter from Calcutta to this commission from which I quote the following:

"So that painless surgery by means of Mesmerism had been reduced by me to a regular every day system in Bengal, long before ether had been heard of. Of which fact Congress can further satisfy themselves by referring to Dr. Huffnagle, consul for the United States at Calcutta., who, in October 1846 was present and assisted at the removal of a scrotal tumor weighing 103 pounds of which the patient was unconscious, and ultimately recovered."

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Dr. Esdaille was in charge of a hospital at Calcutta under the control of the government for 12 years, during which time a journal called the Zoist flourished in London, and in which the most important cases from this hospital were reported. Had it not been for the discovery of ether, mesmerism would to-day occupy a more prominent position. The immunity from pain thus offered would have attracted patients, and men would have cultivated the power which exists to a great or less degree in all individuals.

If the magnetic system of treatment were thoroughly developed and practiced in connection with other methods, then indeed would we have a comprehensive mode of diagnosis, treatment, and cure. During the time that Magnetism flourished some marvelous phenomena were observed: the most important was clairvoyance, or the ability to see despite the intervention of matter, or distance. It is a singular fact that people if told that A has been magnetized and became a sleep-walker, will smile incredulously, significantly tap the forehead with the forefinger and pass on, and yet in the next moment express no incredulity on learning that their neighbor B was seen walking on the roof tops whilst asleep. A few weeks ago a young and respected woman rose from her bed in New York city, and wrapping a cloak over her night dress succeeded in crossing the ferry and arrived at the house of a friend in Jersey City whilst still asleep. There is no difference between this class of somnambulists and those who have been magnetized, save that one is a subjective and the other an objective condition. Again people think you are mad if you dare say a somnambulist can see in the dark or at a distance. Nevertheless animals do this, many beasts and birds wandering through impenetrable jungles at night, and in the mammoth cave fishes are found who have no eyes at all, yet of course it is not to be supposed they swim aimlessly about. Then too in man, though rare, the condition is known. A disease is recognized under the name Nyctalopia which enables the patient to see at night though blind in the light. It is worthy of notice too that this condition is superinduced by long journeying over snow covered country. The intense glare from the white snow causes a hyper-sensitiveness of the cornea, with tne result mentioned; this it will be seen is very similar to the results from the method employed by Braid in Hypnotism.

What do we mean by sight? It is an appreciation of objects external to ourselves. But is this appreciation in the eye? Certainly not. It is mental. The eye is simply a marvelous mechanical contrivance

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for concentrating waves of light ; from the impression thus recorded a report is sent along the optic nerve to the optic ganglion, and if received the result is an approximate knowledge of something without, and this we call sight. Notice that I say "*if received.*" The record may be made in the eye, transmitted along the nerve to the optic ganglion and yet not be received ; that is to say not accepted by the mind, the result being that through inattention or abstraction of the mind the knowledge thus transmitted is unnoticed. This is a common occurence as for example when one is reading and neither sees nor hears what passes in the same room, for hearing is in the same category. Thus it is not the eye, but the mind that sees, the eye is but the instrument.

It is claimed that sight is limited by conditions of light and distance. But distance is only an abstract measure, and is understood only by comparisons. In the first place two individuals see the same object under otherwise similar conditions at different distances ; that is one man can read a sign whilst the next can only see the sign itself. This proves that a varying sensitiveness of the optic apparatus varies the result. Again a candle light can only be seen at a limited distance, whereas planets shed a light which impresses our vision at millions of miles. Thus sight through the eye is dependant first on the force of the wave of light, and second of the sensitiveness of the sense of vision. Waves of sound or light travel in a mathematical scale, and though their force is ever in a decreasing ratio it can never be nil, and so it is but necessary for the sensitiveness of the senses of hearing and seeing to be heightened sufficiently to appreciate these waves for vision and hearing to be possible at any distance, and in spite of all seeming obstacles.

The clairvoyance however which is most interesting to us is that which enables the patient to see within his own body and examine his organs.

That this is possible is no longer a disputed point, but a scientific fact. It is most probably accomplished in this manner. We have seen that the eye is only needed to see external objects, and in the light, and so would be manifestly useless in looking within. That the ear is not needed to hear with is readily demonstrated. We have but to place a watch in the mouth, and at once the ticking is readily appreciated. After leaving the ear and eye impressions are transmitted to the proper ganglia over nerve tracts ; all the nerves of the body are united in one grand combination, and the impressions

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in the somnambulistic conditions are transmitted along the nerves nearest the organ to be examined, at last reaching the ganglia, and supplying knowledge of conditions unattainable in any other way; the patient sees and hears the organ, and so is enabled to judge its condition. There is no possibility of diagnosis superior to this.

Aside from the more intelligent treatment possible with this knowledge, it has been conclusiuely demonstrated that a wonderful sympathy exist between individuals, and that one endowed with great vitality may assist another in curing diseased conditions; that the mere magnetising is a sanative agent.

Having now described the several methods it remains for me to show the existence of the Law of cure, and that all these systems are operating in obedience to the common law.

Let us ask what is disease? The one thing we can say positively is that it is a condition of living creations. This brings us to the consideration of life.

Whatever is alive must be a union of organs and members so united with them that they cannot be separated from them nor from each other without being destroyed. The crystal however beautiful is not alive for it is not an individual, nor a whole whose parts are organs or members. It is not organized at all: every one of its qualities is contained in any particle of the mineral; the smallest piece is as perfect as the whole.

The plant, on the other hand, is a whole that contains and supports all its parts. These parts are not merely connected as links of a chain which cannot support themselves, but must be supported by the nail in the wall; they grow from and depend on each other and on the life of the whole. Roots, trunk, branches, twigs, leaves, blossoms and fruits all differ from each other; each has its peculiar office; each assists and promotes the life of the whole, and while the one depends on the other, all depend on the individual whose organs they are. One of the characteristics of life then is that its parts are inseparably connected by concrescence or a common growth so that they cannot be divided without mutual ruin. The second charasteristic is the continued process by which whatever lives preserves itself. As no living being begins to be by external union but grows from a spontaneous coalescence so it cannot be supported by a foreign power but must preserve itself by its own vitality. This is an important axiom in the law of cure.

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A third characteristic is, that form and matter which constitute a living being are not brought together externally, so that the matter exists and the form is given by an external power. This is the case in art. The marble exists before the sculptor chisels out his bust. It is different with the living being. This grows forth from an invisible power according to certain fixed laws. This power on the one hand materializes, attracts matter, assumes volume, produces fiber, roots, branches, or nerves muscles and bones : on the other it is *plastic, giving from to matter.* This power then is the essence of life. Let us see what we know of it.

We daily see myriads of beings springing into existence. They come from the seeds in the ground, and from eggs on the water and land. With invariable precission a specified germ produces an individual of similar type to him from which the germ was generated. This cannot be a matter of accident. The proverb of Harvey that every being springs from seed or eggs, is well enough but not sufficient, since whether we view the oak or the acorn we are equally distant from the solution of the problem. The celebrated Blumenbach, while spending some time in the country met with a green armpolypus in a rivulet. He mutilated it repeatedly, and as often as he cut off a part the whole animal became thin for a time and an effort to reproduce the lost part became apparent. On the second or third day tail arms or other mutilated parts were fully grown again. Soon after he attended a man from one of whose limbs had to be cut a large portion of flesh. The wound soon healed and the system directly showed a disposition to cover the cavity. When these phenomena were brought in connection with others it could not but strike him that all living beings carry in themselves a plastic power from which not only they themselves proceed, but which has a tendency to produce and preserve those forms which are essential to them." (Rauch, p. 28).

Rauch points out three properties of this power. First a living motion. Mechanical motion is caused by a power not contained by the object ; thus an arrow shot from a bow has neither control over its motion or direction. Chemical motion is different again. Its cause is the peculiar affinity of two bodies for each other. Iron filings and vitriolic acid put together will effect and set each other in motion and the result will be the production of a third body. Mechanical motion leaves the object unchanged, and chemical effects an entire change. With the seed however we see a living motion ; sown in favorable soil and exposed to light we see it swell and move;

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the motion though dependent on proper conditions, is not caused by a power without but within the seed, and the result is not chemical combination but a living body growing out from within. Secondly —a separation of a living body from the element in which it was born. Thus the seed from the plant, and the egg from animals Thirdly specific form. The egg of one genus can produce no other. One might ask here what then becomes of evolution. I have not space to fully discus this but the theory of plastic power is not at variance with that of evolution. Whilst form is specific, it is not necessarily identical. Whilst there is similarity in a genus there is also individuality. Again it is not the germ which produces the individual but the plastic power in the germ, and that takes its qualification from the union of two beings each of which impresses a certain amount of individuality which will tell on the offspring. In simpler language the germ is the product of the individual, and not the individual of the germ ; the individual may produce various and within certain limitations varied germs ; but the germ can produce but the innividual which has been impressed in it.

If we speak of law the human mind presupposes first a maker of the law, and second an agent which will enforce the law. In this power which Rauch calls plastic, we have the agent. What then is the law? Like all laws of the universe it is very simple.

All living bodies preserve themselves, as they produce themselves.

The first proof of this assertion is that all life feeds without being taught to do so. Certain elements being necessary to its continuance, the living body finds and consumes it. The plastic power which produced the individual, preserves it ; that is its task is never ended for waste is continually going on, and the plastic power must supply new tissue to replace that which is used up. But this plastic power though marvellous, is never the less limited. It cannot make something out of nothing. It must have material upon which to work and so we may say its results are controlled by the material through and on which it operates. This is why the egg of a hen and that of man can only produce in the one case bird, and in the other man. Again if the egg is not fecundated, nothing living results. Another evidence that this power is thus limited, is seen when we graft one tree on another. The same elements passing through the original trunk and branches produces one fruit, but on the grafted limb the conditions being altered we have the fruit of that specific type. It is also true that the plastic power controls the material, for a nut tree cannot be grafted so as to produce roses.

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In disease we have simply an alteration of the normal condition of the matter through which the plastic power is working to produce the highest perfection, which when found we denominate health. As soon as disturbance occurs the plastic power attempts to harmonize, and restore. We have seen that this power is limited, therefore under certain conditions it cannot succeed in reproducing normal action. Failing so to do it next attempts to so arrange that the new and irritating condition may be supported by the remainder of the body. Again it is limited, and if it fail the result must be death of the individual.

In brief this is the law of cure.

All that remains of my task is to show how the various systems I have described operate under this law.

Allopathy, and Homeopathy I may consider together, as though in many respects dissimilar they are on common ground in as much as they depend largely on drugs. Drugs may be classed as active and passive. Active drugs are those which form a chemical union in the system with other matters there existing before their exhibition; it is in this way that they effect a cure if at all. A diseased condition is a destruction of tissue, and the plastic power is attempting to repair the damage. If it fail to do so, the patient must be the continual sufferer or die. The failure may be due to some matter present which the plastic power cannot control. If now an active drug be given which on being brought in contact with this disturbing matter is chemically united to it forming a third body, this body may be one over which the plastic power has full control, and at once there is relief and normal action. This is what always occurs when to counteract a poison we give an antidote. The second class are the passive drugs. These are they which do not effect a chemical union with matters already present in the body. This being so they act as foreign bodies, and as such cannot be tolerated, but must be cast out. In a case of some chronic disease, one which the plastic power having failed to rid the body of has ceased to actively attack, the presence of such a passive drug occasioning the necessity for its expulsion may excite a renewed effort and perhaps under the new conditions effect a cure.

The Hydropath has undoubtedly studied the activity of the plastic power, and based the whole system of his treatment on the results of this observation. He has attempted to discover just how this invisible agent rids the system of matters not nutritious, and therefore

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deleterious and injurious, and in his attempt to aid this power he operates on what he deems the same general plan. First he ceases to supply injurious matters, and second he seeks to free the body of those already present. In thus purifying itself he finds the vehicle used in all the excreting organs is water: in fact that more than three quarters of the whole body is water, and so he has given his faith to that agent, coupled with general hygiene, and it must be admitted with noteworthy success.

Nichols, the Hydropath I have already quoted shows his working to be copied after this plastic power; for he says "I believe that every organized being whether vegetable animal or man, is pervaded by a spiritual principle which acts upon matter, molds it to its own form, and controls the whole phenomena of organic life, consciousness, passion and intelligence."

I have spoken of the law and the agent operating it; but thus far I have refrained from any allusion to the intelligence which framed the law. This is where the Phrenopath or Christian Scientist bids you look and pin your faith. Whilst he asks you to beg for health at the throne of the king of kings, he also points out that it will reach you only through the limitations of the law as it may be recognized by effects. There are no cures affected by this system which are in any way at variance with this law and the operation of a plastic power. Much may be gained by a medical practioner in the study of this philosophy of cure. Take the one item of thought transference. Even though the practioner may scout at it as the emination of a mind bemuddled, let him but try it, and constantly charge his mind whilst operating first with the belief that his patient will recover and second with the honest hope that he may do so, and there is little doubt that the sphere of that man's usefulness will be increased. I can not refrain from saying however before leaving this subject, that there is a great danger in Christian Science. It is not new. I have not space to demonstrate it but it can be undeniably shown that it is a continuance of the doctrines of the Brahmins. All that the Christian Scientist claims in the possible absolute control of the body by the mind is in the philosophy alluded to. Only select men were allowed to be initiated into the study of this occult philosophy however, and it is admitted that a large number of these men became insane. It is so also with those who attempt to master this later day science. There is not an asylum in this state which has not one or more inmate sent there through Christian Science, or rather through a failure to master a comprehension of this most

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profound philosophy. If you value the happiness of your homes keep the literature and the knowledge of this study from those in your family who have not mental capacity. This is specially aimed at our women. The profession has recently lost a bright member from this cause.

As to animal magnetism I have only to say that it aims directly at obeying the law, since it merely means to supply additional energy to the power which cures or restores. It operates in an intelligent manner. It first produces sleep. There is abundant evidence to prove that repair goes on mainly during sleep. Whilst the organism is active it is using up material, when it rests it renews the tissues. The plastic power must possess the attributes of attraction and repulsion. This being so let one who possesses this energy in superabundance direct it towards one who needs it, and the result is that by attraction it passes from him to his patient, just so long as there is an unequal distribution. This is evidenced by the oft reported fact that one who may be readily magnetized when sick and therefore deficient in vitality, ceases to be sensitive to such magnetic influence as soon as restored to health.

A few words in regard to the use this may be to dentists. The medical fraternity are bound by sentiment or prejudice to the doctrines inculcated in their alma mater. Let the dentist acknowledge no such allegience, but practice in the broad school of humanity which teaches us to do good by whatever means are proven potential. I have found both Allopathic and Homeopathic nostrums serviceable. As an instance of Hydropathy I can report that a wet sheet pack if you can persuade your patient, or otherwise a Russian bath, will do very much to relieve Pericementitis, one of the most troublesome ailments which come to us. I have cured the most terrific paroxysms of ear-ache headache and toothache, by a few magnetic passes, and my success in Phrenopathic treatment has been already reported.

In conclusion let me state that I claim no originality for this paper beyond the intention of attracting attention to the fact that there is good in other systems besides ours, and that all operate under a common law. Where I have quoted absolutely I have accredited it. But I must further acknowledge my indebtedness to the works of Dr. D. Hack Tuke, whose work I recommend to all as preferable to any other on Phrenopathic phenomena, to Drs. Geo. Moore, T. L. Nichols, Fred'k. T. Parsons, J. D. Neuman, to Deleuze, Rauch, Jaccoliott, Sinnett, Evans, etc.

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Knowledge though an abstract thing, follows the laws of living beings as to perpetuation. The man is born lives and dies, but through his seed arises another man who must begin as he did and learn from the beginning. If it were not for books, knowledge would still advance by being handed down from mouth to mouth. But since printing allows us books, these become as the seeds of knowledge, and mark the progress that science has made. The mind of man is the soil in which this seed of knowledge must be planted that it may bear fruit, and in turn more seed, and following the law of evolution keep on advancing till the highest attainment is mastered. Then there will be no Esoteric laws for all will be known. In this paper which I offer you I have simply gathered up some of the seed which it has seemed to me should be planted, and in the minds of my hearers I know I have the most fertile soil. May the harvest be a glorious advance towards the great goal.

REPORT OF THE COMMITTEE ON DENTAL LAW.

By WM. CARR, M. D., New York, Chairman of the Committee.

Since our last meeting, sixteen cases of alleged illegal practice have been reported from different parts of the State. These were investigated with the following results:

The first case was that of a young man who had attended two full courses of lectures in the New York College of Dentistry. He did not present himself for examination before the faculty of this College, but obtained a diploma from the Delavan Dental College, registered under this diploma in the County of New York, and is now practicing in the City of New York.

In nine cases, which were reported, it was ascertained that they were all registered under the Law of 1879, but not in the counties in which they are now located.

Four were reported who claimed to be practicing only as assistants to qualified dentists, therefore not amenable to the law.

Two acknowledged that they had no legal right to practice, closed their offices and disappeared.

Seven applications to practice were made to the Chairman by foreign licentiates; of these, five were from Germany and two from England. Upon being informed that they were not entitled to practice in this State, as the laws did not recognized their credentials, they went into other States to practice.

While the Committee kept a record of these cases, no legal action was taken, as the Committee, under instructions from the State Society at its last meeting, proposed to present to the Legislature an amendment which would cover the defects in the dental law of 1879, and it was not deemed advisable to draw public

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attention to this law lest we should fail to secure the desired amendment. The Committee did not rely entirely upon its own judgment in drawing this amendment, but submitted it to eminent legal authority in order to ascertain whether it would render the law thoroughly effective. This assurance being given, the amendment was placed in the hands of Hon. Robert Ray Hamilton, of New York City, who consented to present it to the Legislature, and who promised to do everything within his power to secure its passage. This promise he faithfully kept. Upon being introduced into the Assembly the bill was referred to the Judiciary Committee, when we ascertained that Hon. John E. Savery, a practicing dentist of Auburn, had also drawn an amendment to the dental law which he intended to present to the Legislature. He requested that our bill should be held in Committee until he could communicate with the Chairman of your Committee. Upon being notified of this request by Mr. Hamilton, the Chairman went to Albany and had an interview with Dr. Savery, and found him keenly alive to the necessity of more stringent legislation in regard to the practice of dentistry. His bill differed slightly from ours, but, in the interest of the profession, he generously withdrew it and consented to work in behalf of the bill presented by your Committee. We heartily appreciate the services rendered by Dr. Savery in laboring so earnestly for its passage through both the Assembly and Senate.

The Committee had previously sent several hundred circular letters to representative dentists thoroughout the State, urging the necessity of each having an interview with the Member of Assembly and Senator representing his district, and requesting them to endeavor to secure the speedy passage of the bill. The result of these combined efforts became apparent when, notwithstanding a few drawbacks, the bill passed the Assembly with only two adverse votes in eighty-four, while it passed the Senate unanimously. It is now in the hands of the Governor for signature.

In order to clearly understand the changes made in the Law of 1878, I will read Sections 1, and 3, together with their respective amendments.

"SECTION 1. It shall be unlawful for any person to practice dentistry in the State of New York, for fee or reward, unless he shall have received a proper diploma, or certificate of qualification from the State Dental Society, or from the faculty of a reputable dental or medical college recognized as such by said Society; provided that nothing in this section shall apply to persons now engaged in the practice of dentistry in the State of New York."

By this Section any legally qualified dentist could open an many offices as he desired throughout the State and employ unqualified men to superintend them, provided they were conducted under the name of the qualified dentist. These superintendents, or assistants, as they are termed, were not amenable to the law. To obviate this difficulty, Section 1 was amended to read as follows:

"SECTION 1. It shall be unlawful for any person to practice dentistry in the State of New York for fee or reward, or to assist in the practice of dentistry as either agent or employe, unless he shall have received a proper diploma or certificate of qualification from the State Dental Society or from the faculty of a reputable dental or medical college, recognized as such by said Society, and shall be duly registered and shall have received a certificate thereof, as provided in Section 3 of this Act; provided that persons who were engaged in the practice of dentistry in the State of New York, on the twentieth day of June, eighteen hundred and seventy-nine, who shall comply with the requirements of

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Section 3 of this Act, shall be otherwise exempt from the provisions of this Section, and provided further that nothing contained in this Section shall prevent a student who is pursuing a regular course of instruction from assisting a person in the practice of dentistry qualified as herein before provided."

Section 3 of the Law of 1879 read as follows:

"SECTION 3. Every person practicing dentistry within this State shall, within sixty-days after the passage of this Act, register in the office of the clerk of the County, where located, in a book to be prepared and kept by the clerk for that purpose, giving his name, office and post office address, and the date of such registration upon payment to the clerk of a fee of fifty cents."

By this Section, registration was compulsory *only* for those who were practicing dentistry on June 20, 1879. No provision for registration being made for the steadily increasing number of practitioners.

Also no provision was made for re-registration in case practitioners removed from one County into another.

Further, County clerks had no instruction relative to the diplomas presented: Therefore, upon application, they registered the possessor of any diploma whether or not such diploma was recognized by the State Dental Society.

Section 3, amended, reads as follows:

SECTION 3. Every person practicing dentistry within this State shall register in the office of the clerk of the County where his place of business is located, and in the office of the clerk of any County into which he shall remove his place of business, in a book to be prepared and kept by the clerk for that purpose giving his name, office and post office address and the date of such registration, and shall, on presenting to the County clerk a certificate from the member of the State Board of Censors appointed by the State Dental Society for the judicial district in which such County is situated, that he has received a proper diploma or certificate of qualification as provided in Section 1 of this Act, be entitled to register and to receive a certificate of such registration upon payment to the County clerk of a fee of fifty cents."

To recapitulate briefly:

1st. Under the amended law it is obligatory upon every person practicing dentistry in this State to be duly registered.

2nd. All persons assisting in operative dentistry, either as agent or employe, must have received a proper diploma and must be registered.

3d. A practioner removing from one County to another must re-register in the County into which he removes.

4th. Before registration, every diploma must be endorsed by the State Censor representing the County in which the applicant for registration is located.

Your Committee is convinced that, under the existing law, it will be impossible for any person to practice dentistry in this State without being properly qualified, and further, the Committee hopes to be enabled at the next annual meeting of this Society to report that the State is entirely free from illegal practitioners.

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TWENTIETH ANNIVERSARY BANQUET.

Pursuant to adjournment, members and guests of the Society assembled in the banquet-room of the Delevan, and with premeditated design proceeded to celebrate, as only those possessed of sound molars can, the 20th anniversary of the organization of the Society.

Fortunately for those who did not possess them, word had gone forth that as the affair was to be decidedly informal no "Claw-hammers" would be allowed. This fiat of the committee resulted in supreme disappointment to the favored few who had been able to borrow of their more fortunate friends, or make a successful negotiation with "Uncle."

However, this edict was not sufficiently far-reaching to include the sable delegates from sunny Africa, who, with such affability ministered to our necessities.

The *menu* was such as only the proprietor of the Delevan knows how to provide.

The retiring President presided with characteristic grace and surprising fecundity of anecdote and scriptural application.

At the conclusion of the feast, Dr. Atkinson responded eloquently to the President's invitation to "Open the discussion."

Dr. Southwick followed, and with manifest feeling touchingly recalled the fact that he, alone, was the only representative present at this 20th anniversary celebration, from among those who labored and won distinction in the organization of the first meeting of the Dental Society of the State of New York.

Responding to "The Medical Profession," Dr. Fleishman, of New York, a guest, in a bright little speech complimented the Dental profession generally on its phenomenal proficiency in scientific attainment, and the New York State Society in particular, upon the auspicious opening of the twentieth year of its existence.

The reputation of "The New Jersey Dental Society" was abundantly sustained in a very happy response by Dr. Watkins, of New Jersey.

Responses were also made by Drs. Ottolengui, Pitts, Baxter, Lamb, Palmer, Jewell, Pinney, and others as representatives of their respective District Societies.

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The following letters of regret were then read by the President:

EXECUTIVE MANSION, ALBANY, MAY 2, 1888.

DEAR SIR:

I have to acknowledge the invitation conveyed by you on behalf of the New York State Dental Society, for its banquet to be given on the evening of May 10th, and to express my regret that other engagements will make it impossible for me to be present. I am, very truly yours,

DR. E. C. BAXTER, Chairman, &c., Albany, N. Y. DAVID B. HILL.

STATE OF NEW YORK.
LIEUT. GOVERNOR'S ROOM.
ALBANY, MAY 5, 1888.

Lieutenant Governor Jones desires through you to thank the State Dental Society for their courtesy, and regrets the impossibility of acceptance.

To EDWIN C. BAXTER, Chairman Committee,
160 State Street, Albany.

CITY OF ALBANY,
MAYOR'S OFFICE.
ALBANY, MAY 8, 1888

EDWIN C. BAXTER, D. D. S., *Chairman Committee State Dental Society*

Dear Sir:—Your invitation to the banquet of the State Dental Society, to be held on the 10th inst., received, for which please accept my thanks. I regret that press of business will prevent my availing myself of your kindness.

Truly yours, EDWARD A. MAHER.

28 EAGLE STREET, ALBANY, N. Y., MAY 7, 1888.

MY DEAR DR. BAXTER:

I hope to give myself the pleasure of accepting your kind invitation for Thursday. Believe me, yours sincerely,

A. VANDER VEER.

At this junction President Kingsley improved the opportunity to thank the Society for its forbearance, and courtesy shown him during his term of office, and to assure his successor a continuance of the same.

Previous to this time a shake of the head had been the only response to the loud and frequent clamor for a speech from "Line."

But the hush of expectancy stole rapidly over the assembled company as, in seeming response to the moments necessities, our President elect with becoming gravity gained the floor.

At last the hope so long deferred was to be realized, even the representative from Flushing sank into a semi quiescent state as the familiar voice of the new President broke upon the stillness with an expression of thankfulness for the honors that had been confered upon him, and with an eloquence born of the occasion proceeded to announce the following appointments.

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COMMITTEES:

Arrangements—Drs. E. C. Baxter, S. D. French, A. C. Rich.
Business—Drs. Alfred C. Starr, C. S. Butler, C. K. Van Vleck.
Prize Essays—Drs. G. L. Curtis, F. E. Howard, J. J. Pitts.
Publication—Drs. M. D. Jewell, C. C. Smith, R. F. Jones.
Ethics—Drs. W. A. White, J. J. Mills, C. W. Harreys.
By-Laws—Drs. John I. Hart, S. E. MacDougal, F. T. Van Woert.
Practice—Drs. Rodrigues Ottolengui, O. J. Gross, Hyman Rosa.
Law—Drs. William Carr, C. F. Wheeler, M. E. Elmendorf.

And then, amid hand shaking and pledges of fidelity and good will the Society adjourned to the second Wednesday in May, 1889.

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APPENDIX.

OFFICERS.

J. EDW. LINE. .....*President*.....ROCHESTER.
C. F. RICH .....*Vice-President*.... .....SARATOGA.
MYRON D. JEWELL....*Secretary* ....RICHFIELD SPA.
H. G. MIRICK..... ...*Treasurer* .....BROOKLYN.
G. L. CURTIS ....*Correspondent* .....SYRACUSE.

CENSORS.

I. WM. CARR..... ....New York.
II. WM. JARVIE.....?..... .....Brooklyn.
III. S. D. FRENCH..... ....Troy.
IV. W. H. COLGROVE.....Johnstown.
V. S. B. PALMER..... ....Syracuse.
VI. A. M. HOLMES .. ..Morrisville.
VII. F. FRENCH, *Secretary* ....Rochester.
VIII. A. P. SOUTHWICK, *Chairman* .....Buffalo.

PERMANENT MEMBERS.

Abbott, Frank, 22 W. 40th, New York.
Allen, J., 7 W. 32d, New York.
Ames, F. L., Albany.
Atkinson, W. H., 41 E. 9th, New York.
Barnes, C., Syracuse.
Barrett, W. C., Buffalo.
Baxter, E. C., Albany.
Bodecker, C. F. W., 60 E. 58th, N. York.
Bogue, E. A., 29 E. 20th. New York.
Bronson, W. A., 8 E. 34th, New York.
Brockway, A. H., 13 Green avenue, Brooklyn.
Carr, Wm., 35 W. 46th, New York.
Chapman, A. N., Clinton and Atlantic avenue, Brooklyn.
Colgrove, W. H., Johnstown.
Colton, A., Hudson.
Cook, C. D., 133 Pacific, Brooklyn.
Crandall, C. P., 508 Clinton avenue, Brooklyn.
Daboll, G. C., Paris, France.
Darby. Frank B., Elmira.
Dwinelle, W. H., 27 W. 34th, N. York
Elmendorf, M. E., 51 Green avenue, Brooklyn.
Francis, C. E., 33 W. 47th, New York.
Freeman, S. A., Buffalo.
French, F., Rochester.
French, S. D., Troy.
Geran, J. P., Brooklyn.
Greene, F. A., Geneva.
Gross, O. J., Schenectady.
Garny, P. S., Hudson.
Harreys, C. W., 110 4th Av., Brooklyn.
Hill, O. E., 160 Clinton, Brooklyn.
Holmes, A. M., Morrisville.
Holly, J. H., Warwick.
Jarvie, Wm., 152 Clinton, Brooklyn.
Jewell, Myron D., Richfield Springs.
Kingsley, N. W., 35 W. 27th N. York.
Lamb, Geo. E., Port Henry.
Line, J. Edw., Rochester.
Marvin. C. A., 148 Clinton, Brooklyn.
Mason, B. T., Phœnix.
Mensch, C. E., 148 Clinton, Brooklyn.
Merritt, C., 39 W. 42d, New York.
Miller, C., 331 Madison Av., New York.
Mills, James J., Port Jervis.
Mirick, H. G., 156 Clinton, Brooklyn.
Nash, B. C., 433 W. 57th, New York.
Nellis, F. D., Syracuse.
Northrop, A. L., 44 W. 46th, N. York.
Palmer, S. B., Syracuse.
Perry' S. G., 10 E. 34th, New York.
Pitts, John J., 175 Atlantic avenue, Brooklyn.
Priest, A. N., Utica.
Race, J. H., 366 Clinton, Brooklyn.

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PERMANENT MEMBERS.—(*Continued.*)

Rathbun, B., Dunkirk.
Rich, C. F., Saratoga.
Ritter, A., Utica.
Rogers, L. W., Utica.
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